ONCE-A-DAY

# CARDURA®

(doxazosin mesylate) Scored Tablets
1 mg, 2 mg, 4 mg, 8 mg

CARDURA is well tolerated. Only three common side effects were different from placebo: dizziness, somnolence, and fatigue. These were generally mild and transient; only 2% of patients in placebo-controlled studies discontinued due to adverse effects—the same rate as placebo. Syncope has been reported, but rarely (< 1%).

*Please see brief summary of prescribing information on adjacent page of this advertisement.*

# ONCE-A-DAY CARDURA®

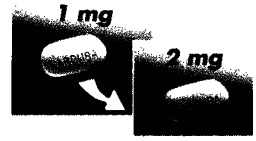
(doxazosin mesylate) Scored Tablets 1 mg, 2 mg, 4 mg, 8 mg

## Convenient once-a-day dosage

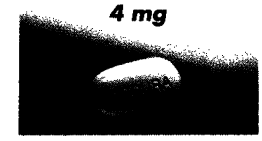
***Most responsive patients are controlled with one daily dose of 4 to 8 mg[1]***

***—recommended initial dose is 1 mg, with dosage range of 1 mg to 16 mg per day.***

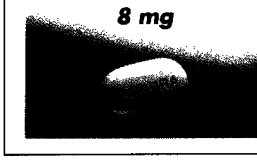
**1** ***Begin all patients with CARDURA 1 mg once daily to minimize side effects. Evaluate supine and standing blood pressure. Prescribe CARDURA 2 mg once daily, if necessary.***




**2** ***Evaluate for blood pressure control. Prescribe 4 mg once daily, if necessary.***




**3** ***Evaluate for blood pressure control. Prescribe 8 mg once daily, if necessary. Maximum recommended dosage is 16 mg once daily.***




**Reference: 1.** Data available on request from Roerig.

**CARDURA® (doxazosin mesylate) Tablets**

**Brief Summary of Prescribing Information**

**INDICATIONS AND USAGE**

CARDURA (doxazosin mesylate) is indicated for the treatment of hypertension. CARDURA may be used alone or in combination with diuretics or beta-adrenergic blocking agents. There is limited experience with CARDURA in combination with angiotensin converting enzyme inhibitors or calcium channel blockers.

**CONTRAINDICATIONS**

CARDURA is contraindicated in patients with a known sensitivity to quinazolines (e.g. prazosin, terazosin).

**WARNINGS**

**Syncope and "First-dose" Effect:**

**Doxazosin, like other alpha-adrenergic blocking agents, can cause marked hypotension, especially in the upright position, with syncope and other postural symptoms such as dizziness. Marked orthostatic effects are most common with the first dose but can also occur when there is a dosage increase, or if therapy is interrupted for more than a few days. To decrease the likelihood of excessive hypotension and syncope, it is essential that treatment be initiated with the 1 mg dose. The 2, 4, and 8 mg tablets are not for initial therapy. Dosage should then be adjusted slowly (see DOSAGE AND ADMINISTRATION section) with increases in dose every two weeks. Additional antihypertensive agents should be added with caution.**

**Patients being titrated with doxazosin should be cautioned to avoid situations where injury could result should syncope occur.**

In an early investigational study of the safety and tolerance of increasing daily doses of doxazosin in normotensives beginning at 1 mg/day, only 2 of 6 subjects could tolerate more than 2 mg/day without experiencing symptomatic postural hypotension. In another study of 24 healthy normotensive male subjects receiving initial doses of 2 mg/day of doxazosin, seven (29%) of the subjects experienced symptomatic postural hypotension between 0.5 and 6 hours after the first dose necessitating termination of the study. In this study 2 of the normotensive subjects experienced syncope. Subsequent trials in hypertensive patients always began doxazosin dosing at 1 mg/day resulting in a 4% incidence of postural side effects at 1 mg/day with no cases of syncope.

In multiple dose clinical trials involving over 1500 patients with dose titration every one to two weeks, syncope was reported in 0.7% of patients. None of these events occurred at the starting dose of 1 mg and 1.2% (8/664) occurred at 16 mg/day.

**If syncope occurs, the patient should be placed in a recumbent position and treated supportively as necessary.**

**PRECAUTIONS**

**General:**

**1. Orthostatic Hypotension:**

While syncope is the most severe orthostatic effect of CARDURA, other symptoms of lowered blood pressure, such as dizziness, lightheadedness, or vertigo, can occur, especially at initiation of therapy or at the time of dose increases. These were common in clinical trials, occurring in up to 23% of all patients treated and causing discontinuation of therapy in about 2%.

In placebo controlled titration trials orthostatic effects were minimized by beginning therapy at 1 mg per day and titrating every two weeks to 2, 4, or 8 mg per day. There was an increased frequency of orthostatic effects in patients given 8 mg or more, 10%, compared to 5% at 1-4 mg and 3% in the placebo group.

Patients in occupations in which orthostatic hypotension could be dangerous should be treated with particular caution.

If hypotension occurs, the patient should be placed in the supine position and, if this measure is inadequate, volume expansion with intravenous fluids or vasopressor therapy may be used. A transient hypotensive response is not a contraindication to further doses of CARDURA.

**2. Impaired liver function:**

CARDURA should be administered with caution to patients with evidence of impaired hepatic function or to patients receiving drugs known to influence hepatic metabolism (see CLINICAL PHARMACOLOGY). There is no controlled clinical experience with CARDURA in patients with these conditions.

**3. Leukopenia/Neutropenia:**

Analysis of hematologic data from patients receiving CARDURA in controlled clinical trials showed that the mean WBC (N=474) and mean neutrophil counts (N=419) were decreased by 2.4% and 1.0% respectively, compared to placebo, a phenomenon seen with other alpha blocking drugs. A search through a data base of 2400 patients revealed 4 in which drug-related neutropenia could not be ruled out. Two had a single low value on the last day of treatment. Two had stable, non-progressive neutrophil counts in the 1000/mm$^3$ range over periods of 20 and 40 weeks. In cases where follow-up was available the WBCs and neutrophil counts returned to normal after discontinuation of CARDURA. No patients became symptomatic as a result of the low WBC or neutrophil counts.

**Information for Patients:**

Patients should be made aware of the possibility of syncopal and orthostatic symptoms, especially at the initiation of therapy, and urged to avoid driving or hazardous tasks for 24 hours after the first dose, after a dosage increase, and after interruption of therapy when treatment is resumed. They should be cautioned to avoid situations where injury could result should syncope occur during initiation of doxazosin therapy. They should also be advised of the need to sit or lie down when symptoms of lowered blood pressure occur, although these symptoms are not always orthostatic, and to be careful when rising from a sitting or lying position. If dizziness, lightheadedness, or palpitations are bothersome they should be reported to the physician, so that dose adjustment can be considered. Patients should also be told that drowsiness or somnolence can occur with doxazosin, requiring caution in people who must drive or operate heavy machinery.

**Drug Interactions:**

Most (98%) of plasma doxazosin is protein bound. *In vitro* data in human plasma indicate that CARDURA has no effect on protein binding of digoxin, warfarin, phenytoin or indomethacin. There is no information on the effect of other highly plasma protein bound drugs on doxazosin binding. CARDURA has been administered without any evidence of an adverse drug interaction to patients receiving thiazide diuretics, beta blocking agents, and nonsteroidal anti-inflammatory drugs.

**Drug/Laboratory test interactions:**

None known.

**Cardiac Toxicity in Animals:**

An increased incidence of myocardial necrosis or fibrosis was displayed by Sprague-Dawley rats after 6 months of dietary administration at concentrations calculated to provide 80 mg doxazosin/kg/day and after 12 months of dietary administration at concentrations calculated to provide 40 mg doxazosin/kg/day (150 times the maximum recommended human dose assuming a patient weight of 60 kg). There is no evidence that similar lesions occur in humans.

**Carcinogenesis, Mutagenesis and Impairment of Fertility:**

Chronic dietary administration (up to 24 months) of doxazosin mesylate at maximally tolerated concentrations (highest dose 40 mg/kg: about 150 times the maximum recommended human dose of 16 mg/60 kg) revealed no evidence of carcinogenicity in rats. There was also no evidence of carcinogenicity in a similarly conducted study (up to 18 months of dietary administration) in mice. The mouse study, however, was compromised by the failure to use a maximally tolerated dose of doxazosin.

Mutagenicity studies revealed no drug- or metabolite-related effects at either chromosomal or subchromosomal levels.

Studies in rats showed reduced fertility in males treated with doxazosin at oral doses of 20 (but not 5 or 10) mg/kg/day, about 75 times the maximum recommended human dose. This effect was reversible within two weeks of drug withdrawal.

**Pregnancy**

**Teratogenic Effects, Pregnancy Category B.** Studies in rabbits and rats at daily oral doses of up to 40 and 20 mg/kg, respectively (150 and 75 times the maximum recommended daily dose of 16 mg, assuming a patient weight of 60 kg), have revealed no evidence of harm to the fetus. The rabbit study, however, was compromised by the failure to use a maximally tolerated dose of doxazosin. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CARDURA should be used during pregnancy only if clearly needed.

Radioactivity was found to cross the placenta following oral administration of labelled doxazosin to pregnant rats.

**Nonteratogenic Effects.** In peri-postnatal studies in rats, postnatal development at maternal doses of 40 or 50 mg/kg/day of doxazosin was delayed as evidenced by slower body weight gain and a slightly later appearance of anatomical features and reflexes.

**Nursing Mothers**

It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when CARDURA is administered to a nursing mother.

**Pediatric Use**

Safety and effectiveness in children have not been established.

**ADVERSE REACTIONS**

CARDURA has been administered to approximately 4000 patients, of whom 1679 were included in the clinical development program. In that program, minor adverse effects were frequent, but led to discontinuation of treatment in only 7% of patients. In placebo-controlled studies adverse effects occurred in 49% and 40% of patients in the doxazosin and placebo groups, respectively, and led to discontinuation in 2% of patients in each group. The major reasons for discontinuation were postural effects (2%), edema, malaise/fatigue, and some heart rate disturbance, each about 0.7%.

In controlled clinical trials directly comparing CARDURA to placebo there was no significant difference in the incidence of side effects, except for dizziness (including postural), weight gain, somnolence and fatigue/malaise. Postural effects and edema appeared to be dose related.

The prevalence rates presented below are based on combined data from placebo-controlled studies involving once daily administration of doxazosin at doses ranging from 1-16 mg. Table 1 summarizes those adverse experiences (possibly/probably related) reported for patients in these studies where the prevalence rate in the doxazosin group was at least 0.5% or where the reaction is of particular interest.

TABLE 1: ADVERSE REACTIONS DURING PLACEBO CONTROLLED STUDIES

| | | DOXAZOSIN (N=339) | PLACEBO (N=336) |
|---|---|---|---|
| **CARDIOVASCULAR** | Dizziness | 19% | 9% |
| | Vertigo | 2% | 1% |
| | Postural Hypotension | 0.3% | 0% |
| | Edema | 4% | 3% |
| | Palpitation | 2% | 3% |
| | Arrhythmia | 1% | 0% |
| | Hypotension | 1% | 0% |
| | Tachycardia | 0.3% | 1% |
| | Peripheral Ischemia | 0.3% | 0% |
| **SKIN APPENDAGES** | Rash | 1% | 1% |
| | Pruritus | 1% | 1% |
| **MUSCULOSKELETAL** | Arthralgia/Arthritis | 1% | 0% |
| | Muscle Weakness | 1% | 0% |
| | Myalgia | 1% | 0% |
| **CENTRAL & PERIPHERAL N.S.** | Headache | 14% | 16% |
| | Paresthesia | 1% | 1% |
| | Kinetic Disorders | 1% | 0% |
| | Ataxia | 1% | 0% |
| | Hypertonia | 1% | 0% |
| | Muscle Cramps | 1% | 0% |
| **AUTONOMIC** | Mouth Dry | 2% | 2% |
| | Flushing | 1% | 0% |
| **SPECIAL SENSES** | Vision Abnormal | 2% | 1% |
| | Conjunctivitis/Eye Pain | 1% | 1% |
| | Tinnitus | 1% | 0.3% |
| **PSYCHIATRIC** | Somnolence | 5% | 1% |
| | Nervousness | 2% | 2% |
| | Depression | 1% | 1% |
| | Insomnia | 1% | 1% |
| | Sexual Dysfunction | 2% | 1% |
| **GASTROINTESTINAL** | Nausea | 3% | 4% |
| | Diarrhea | 2% | 3% |
| | Constipation | 1% | 1% |
| | Dyspepsia | 1% | 1% |
| | Flatulence | 1% | 1% |
| | Abdominal Pain | 0% | 2% |
| | Vomiting | 0% | 1% |
| **RESPIRATORY** | Rhinitis | 3% | 1% |
| | Dyspnea | 1% | 1% |
| | Epistaxis | 1% | 0% |
| **URINARY** | Polyuria | 2% | 0% |
| | Urinary Incontinence | 1% | 0% |
| | Micturation Frequency | 0% | 2% |
| **GENERAL** | Fatigue/Malaise | 12% | 6% |
| | Chest Pain | 2% | 2% |
| | Asthenia | 1% | 1% |
| | Face Edema | 1% | 0% |
| | Pain | 2% | 2% |

Additional adverse reactions have been reported, but these are, in general, not distinguishable from symptoms that might have occurred in the absence of exposure to doxazosin. The following adverse reactions occurred with a frequency of between 0.5% and 1%: syncope, hypoesthesia, increased sweating, agitation, increased weight. The following additional adverse reactions were reported by <0.5% of 3960 patients who received doxazosin in controlled or open, short- or long-term clinical studies, including international studies. *Cardiovascular System:* angina pectoris, myocardial infarction, cerebrovascular accident; *Autonomic Nervous System:* pallor; *Metabolic:* thirst, gout, hypokalemia; *Hematopoietic:* lymphadenopathy, purpura; *Reproductive System:* breast pain; *Skin Disorders:* alopecia, dry skin, eczema; *Central Nervous System:* paresis, tremor, twitching, confusion, migraine, impaired concentration; *Psychiatric:* paroniria, amnesia, emotional lability, abnormal thinking, depersonalization; *Special Senses:* parosmia, earache, taste perversion, photophobia, abnormal lacrimation; *Gastrointestinal System:* increased appetite, anorexia, fecal incontinence, gastroenteritis; *Respiratory System:* bronchospasm, sinusitis, coughing, pharyngitis; *Urinary System:* renal calculus; *General Body System:* hot flashes, back pain, infection, fever/rigors, decreased weight, influenza-like symptoms.

CARDURA has not been associated with any clinically significant changes in routine biochemical tests. No clinically relevant adverse effects were noted on serum potassium, serum glucose, uric acid, blood urea nitrogen, creatinine or liver function tests. CARDURA has been associated with decreases in white blood cell counts (See Precautions).

**OVERDOSAGE**

The oral $LD_{50}$ of doxazosin is greater than 1000 mg/kg in mice and rats. The most likely manifestation of overdosage would be hypotension, for which the usual treatment would be intravenous infusion of fluid. As doxazosin is highly protein bound, dialysis would not be indicated.

**DOSAGE AND ADMINISTRATION**

**DOSAGE MUST BE INDIVIDUALIZED.** The initial dosage of CARDURA in hypertensive patients is 1 mg given once daily. Depending on the individual patient's standing blood pressure response (based on measurements taken at 2-6 hours postdose and 24 hours postdose), dosage may then be increased to 2 mg and thereafter if necessary to 4 mg, 8 mg and 16 mg to achieve the desired reduction in blood pressure. Increases in dose beyond 4 mg increase the likelihood of excessive postural effects including syncope, postural dizziness/vertigo, postural hypotension. At a titrated dose of 16 mg once daily the frequency of postural effects is about 12% compared to 3% for placebo.

**HOW SUPPLIED**

CARDURA (doxazosin mesylate) is available as colored tablets for oral administration. Each tablet contains doxazosin mesylate equivalent to 1 mg (white), 2 mg (yellow), 4 mg (orange) or 8 mg (green) of the active constituent, doxazosin.

CARDURA® TABLETS are available as 1 mg (white), 2 mg (yellow), 4 mg (orange) and 8 mg (green) scored tablets. Bottles of 100: 1 mg (NDC 0049-2750-66), 2 mg (NDC 0049-2760-66), 4 mg (NDC 0049-2770-66), 8 mg (NDC 0049-2780-66)

Recommended Storage: Store below 86°F(30°C).

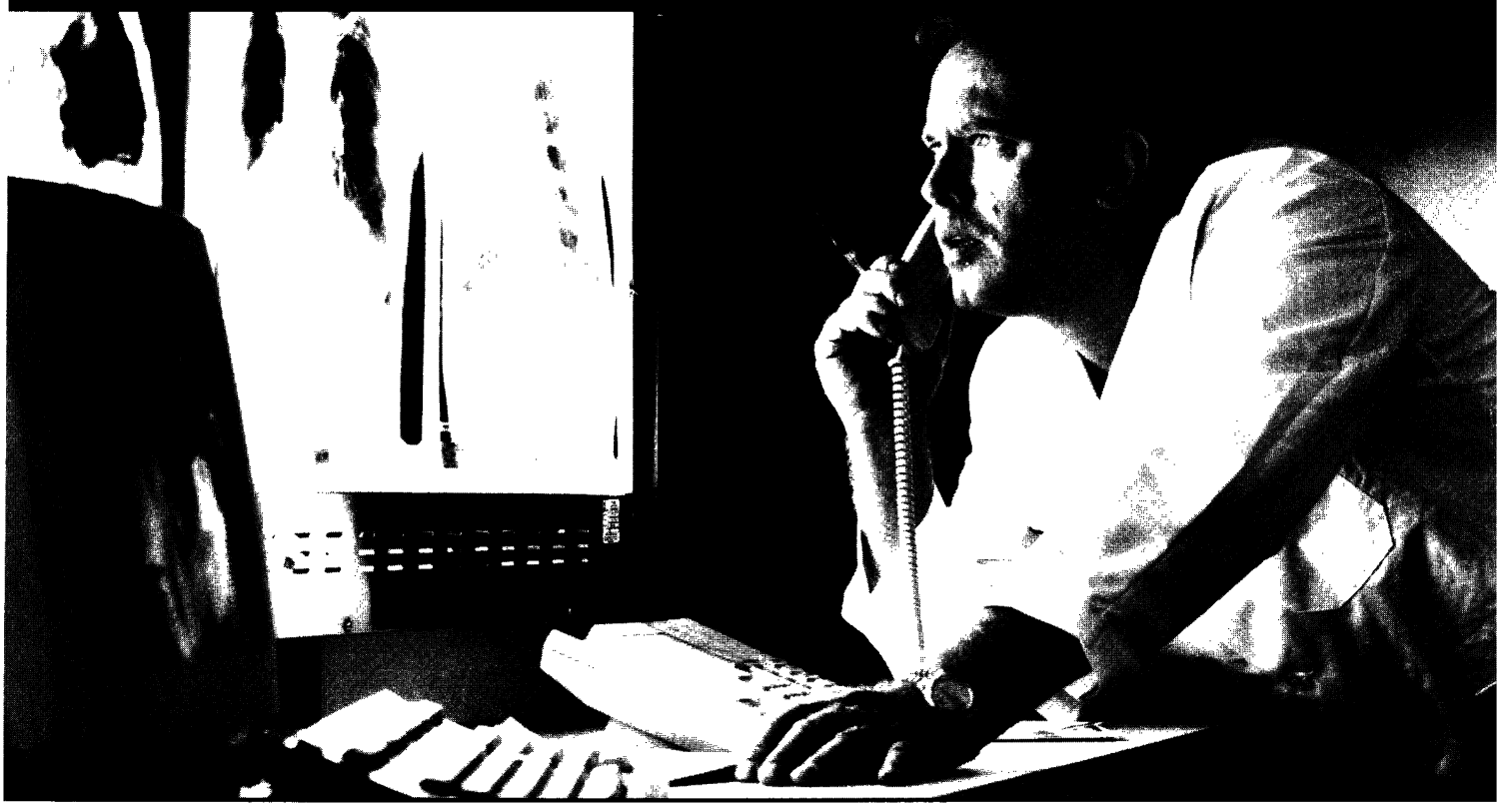
**CAUTION:** Federal law prohibits dispensing without prescription.

65-4538-00-0 Issued Nov. 1990

Pfizer Roerig

A division of Pfizer Pharmaceuticals

# 1-800-ASK-PACE
## ADDS OUR SPECIALISTS TO YOUR STAFF.



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To reach USC full-time faculty serving at:

- Childrens Hospital Los Angeles
- Doheny Eye Institute
- Kenneth Norris Jr. Cancer Hospital & Research Institute
- USC University Hospital

ONCE DAILY 180mg

Calan® SR

verapamil HCl (180 mg)

SUSTAINED-RELEASE CAPLETS

**The recommended starting dose for Calan SR is 180 mg once daily. Dose titration will be required in some patients to achieve blood pressure control.**

A lower initial starting dosage of 120 mg/day may be warranted in some patients (eg, the elderly, patients of small stature).

Constipation, which is easily managed in most patients, is the most commonly reported side effect of Calan SR.

**BRIEF SUMMARY**

**Contraindications:** Severe LV dysfunction (see *Warnings*), hypotension (systolic pressure < 90 mm Hg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), 2nd- or 3rd-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (eg, WPW or LGL syndromes), hypersensitivity to verapamil.

**Warnings:** Verapamil should be avoided in patients with severe LV dysfunction (eg, ejection fraction < 30%) or moderate to severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if they are receiving a beta-blocker. Control milder heart failure with optimum digitalization and/or diuretics before Calan SR is used. Verapamil may occasionally produce hypotension. Elevations of liver enzymes have been reported. Several cases have been demonstrated to be produced by verapamil. Periodic monitoring of liver function in patients on verapamil is prudent. Some patients with paroxysmal and/or chronic atrial flutter/fibrillation and an accessory AV pathway (eg, WPW or LGL syndromes) have developed an increased antegrade conduction across the accessory pathway bypassing the AV node, producing a very rapid ventricular response or ventricular fibrillation after receiving I.V. verapamil (or digitalis). Because of this risk, oral verapamil is contraindicated in such patients. AV block may occur (2nd- and 3rd-degree, 0.8%). Development of marked 1st-degree block or progression to 2nd- or 3rd-degree block requires reduction in dosage or, rarely, discontinuation and institution of appropriate therapy. Sinus bradycardia, 2nd-degree AV block, sinus arrest, pulmonary edema and/or severe hypotension were seen in some critically ill patients with hypertrophic cardiomyopathy who were treated with verapamil.

**Precautions:** Verapamil should be given cautiously to patients with impaired hepatic function (in severe dysfunction use about 30% of the normal dose) or impaired renal function, and patients should be monitored for abnormal prolongation of the PR interval or other signs of overdosage. Verapamil may decrease neuromuscular transmission in patients with Duchenne's muscular dystrophy and may prolong recovery from the neuromuscular blocking agent vecuronium. It may be necessary to decrease verapamil dosage in patients with attenuated neuromuscular transmission. Combined therapy with beta-adrenergic blockers and verapamil may result in additive negative effects on heart rate, atrioventricular conduction and/or cardiac contractility; there have been reports of excessive bradycardia and AV block, including complete heart block. The risks of such combined therapy may outweigh the benefits. The combination should be used only with caution and close monitoring. Decreased metoprolol and propranolol clearance may occur when either drug is administered concomitantly with verapamil. A variable effect has been seen with combined use of atenolol. Chronic verapamil treatment can increase serum digoxin levels by 50% to 75% during the first week of therapy, which can result in digitalis toxicity. In patients with hepatic cirrhosis, verapamil may reduce total body clearance and extrarenal clearance of digitoxin. The digoxin dose should be reduced when verapamil is given, and the patient carefully monitored. Verapamil will usually have an additive effect in patients receiving blood-pressure-lowering agents. Disopyramide should not be given within 48 hours before or 24 hours after verapamil administration. Concomitant use of flecainide and verapamil may have additive effects on myocardial contractility, AV conduction, and repolarization. Combined verapamil and quinidine therapy in patients with hypertrophic cardiomyopathy should be avoided, since significant hypotension may result. Concomitant use of lithium and verapamil may result in a lowering of serum lithium levels or increased sensitivity to lithium. Patients receiving both drugs must be monitored carefully. Verapamil may increase carbamazepine concentrations during combined use. Rifampin may reduce verapamil bioavailability. Phenobarbital may increase verapamil clearance. Verapamil may increase serum levels of cyclosporin. Verapamil may inhibit the clearance and increase the plasma levels of theophylline. Concomitant use of inhalation anesthetics and calcium antagonists needs careful titration to avoid excessive cardiovascular depression. Verapamil may potentiate the activity of neuromuscular blocking agents (curare-like and depolarizing); dosage reduction may be required. There was no evidence of a carcinogenic potential of verapamil administered to rats for 2 years. A study in rats did not suggest a tumorigenic potential, and verapamil was not mutagenic in the Ames test. Pregnancy Category C. There are no adequate and well-controlled studies in pregnant women. This drug should be used during pregnancy, labor, and delivery only if clearly needed. Verapamil is excreted in breast milk; therefore, nursing should be discontinued during verapamil use.

**Adverse Reactions:** Constipation (7.3%), dizziness (3.3%), nausea (2.7%), hypotension (2.5%), headache (2.2%), edema (1.9%), CHF, pulmonary edema (1.8%), fatigue (1.7%), dyspnea (1.4%), bradycardia: HR < 50/min (1.4%), AV block: total 1°,2°,3° (1.2%), 2° and 3° (0.8%), rash (1.2%), flushing (0.6%), elevated liver enzymes, reversible non-obstructive paralytic ileus. The following reactions, reported in 1.0% or less of patients, occurred under conditions where a causal relationship is uncertain: angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope, diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia, ecchymosis or bruising, cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence, arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme, blurred vision, gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence.

4/11/91 • P91CA6277V

*Address medical inquiries to:*
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*Medical & Scientific*
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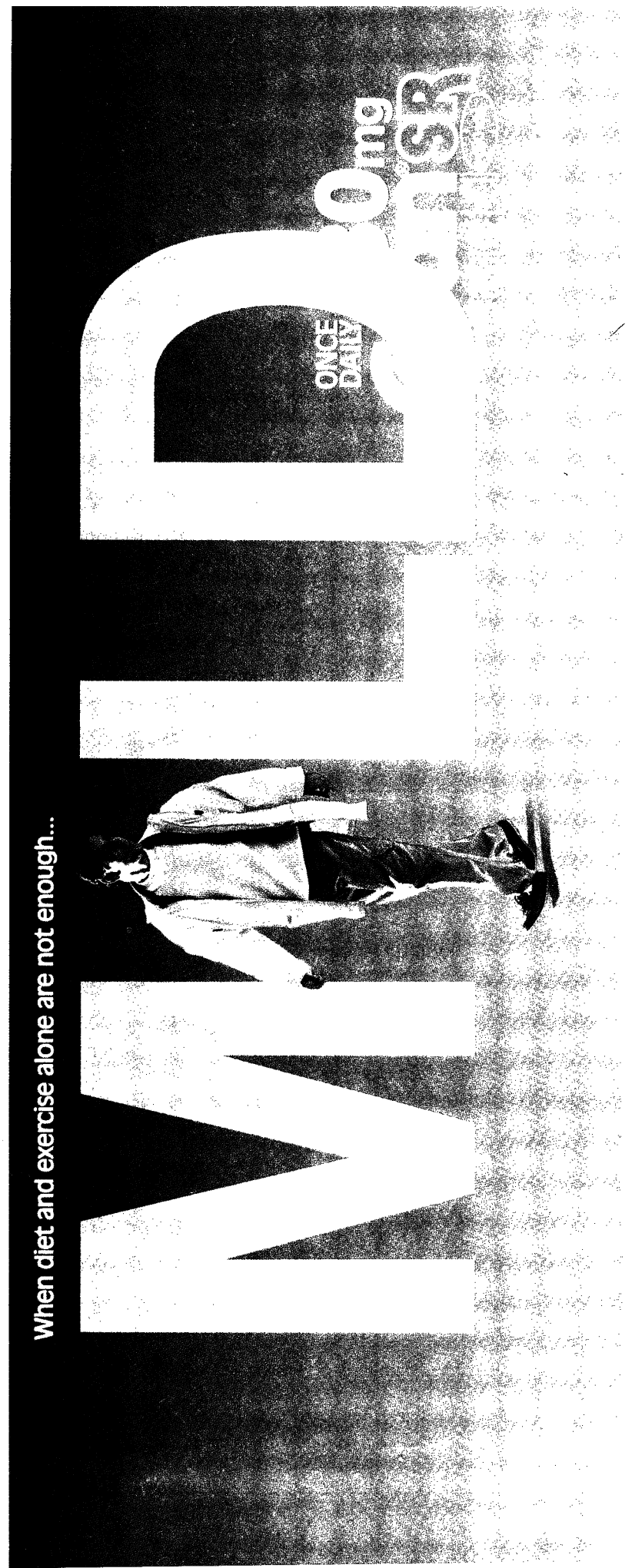


BRISTOL-MYERS SQUIBB INTRODUCES

# A NEW DIRECTION IN LIPID MANAGEMENT

A NEW DIRECTION IN LIPID MANAGEMENT

# PRAVACHOL™

# pravastatin sodium 20 mg tablets

## A distinct new option in cholesterol management for primary hypercholesterolemia when diet alone is inadequate

- Consistently and significantly reduces total C and LDL-C
- Positively affects other key lipids
- Excellent safety and tolerability profile
- True once-a-day dosing with or without food
- Prescribed for more than 1,000,000 patients worldwide[1]
- Studied in over 13,000 patients worldwide in clinical research[1]
- New hydrophilic structure; the clinical effect of hydrophilicity, if any, has not been established
- Administered in the active form

PRAVACHOL® is indicated as an adjunct to diet for the reduction of elevated total and LDL-cholesterol levels in patients with primary hypercholesterolemia (Types IIa and IIb) when the response to diet alone has not been adequate.

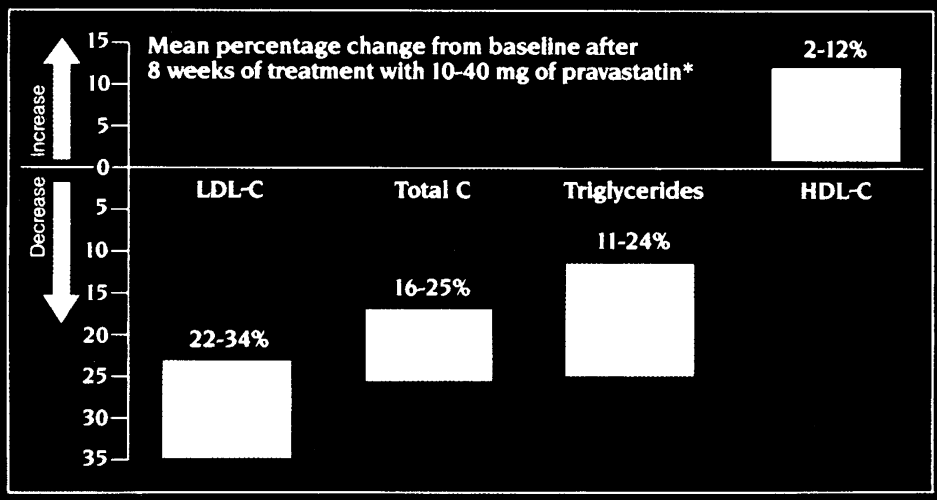
Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the final page of this advertisement.

A NEW DIRECTION IN LIPID MANAGEMENT

# Effective cholesterol control

PRAVACHOL® is indicated as an adjunct to diet for the reduction of elevated total and LDL-cholesterol levels in patients with primary hypercholesterolemia (Types IIa and IIb) when the response to diet alone has not been adequate.

## Consistently and significantly reduces atherogenic LDL-C. Increases beneficial HDL-C.[2]




*Each bar represents a range of means derived from a single placebo-controlled study that included 55 patients treated with pravastatin.

## Pharmacology and metabolism

- PRAVACHOL® is administered in the active form
- PRAVACHOL is hydrophilic; the clinical effect of hydrophilicity, if any, has not been established
- PRAVACHOL is selective to the primary site of cholesterol synthesis, the liver
- *In vitro* studies demonstrated that pravastatin is transported into hepatocytes with substantially less uptake into other cells

Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the final page of this advertisement.

# PRAVACHOL™

# pravastatin sodium 20 mg tablets

## A new direction in lipid management

A NE[illegible] DI[illegible]TION [illegible] LIPID MANAGEMENT

# Safety profile promotes confidence

## Possibly associated myopathy in only 1 patient in clinical trials (n>13,000)*[1]

Consider myopathy in any patient with diffuse muscle pain, tenderness, or weakness, particularly with malaise or fever. Advise patients to promptly report these symptoms. Discontinue pravastatin if myopathy is diagnosed or suspected.

## In clinical studies, significant elevations of liver enzymes have been uncommon

- Increases in serum transaminase (greater than three times the upper limit of normal on two or more occasions) were seen in 1.3% of patients treated over an average of 18 months
- Elevations were generally reversible over time in patients discontinued from pravastatin; patients with biochemical findings were usually asymptomatic
- Active liver disease *or* unexplained transaminase elevations are contraindications to the use of pravastatin
- Liver function should be monitored before treatment and at recommended intervals–every 6 weeks for the first 3 months, every 8 weeks for the remainder of the first year, and periodically thereafter (e.g., at about 6-month intervals)

*A second patient developed myopathy when clofibrate was added to a previously well-tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.

Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the final page of this advertisement.

# PRAVACHOL™

# pravastatin sodium 20 mg tablets

## A new direction in lipid management

A NEW DIRECTION IN LIPID MANAGEMENT

# Well tolerated...

# A side-effect profile generally comparable to placebo

## Low incidence of side effects

| Adverse clinical events attributed to study drug: | PRAVACHOL® (n = 900) | Placebo (n = 411) |
|---|---|---|
| Headache | 1.7%* | 0.2% |
| Cardiac chest pain | 0.1 | 0.0 |
| Rash | 1.3 | 0.9 |
| Nausea/vomiting | 2.9 | 3.4 |
| Diarrhea | 2.0 | 1.9 |
| Abdominal pain | 2.0 | 3.9 |
| Constipation | 2.4 | 5.1 |
| Flatulence | 2.7 | 3.4 |
| Heartburn | 2.0 | 0.7 |
| Fatigue | 1.9 | 1.0 |
| Chest pain | 0.3 | 0.2 |
| Localized pain | 1.4 | 1.5 |
| Myalgia | 0.6 | 0.0 |
| Dizziness | 1.0 | 0.5 |
| Urinary abnormality | 0.7 | 1.2 |
| Rhinitis | 0.1 | 0.0 |
| Cough | 0.1 | 0.0 |

*Statistically different from placebo

Discontinuation rate from pravastatin (1.7%) was not statistically different from that of placebo (1.2%).

Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the final page of this advertisement.

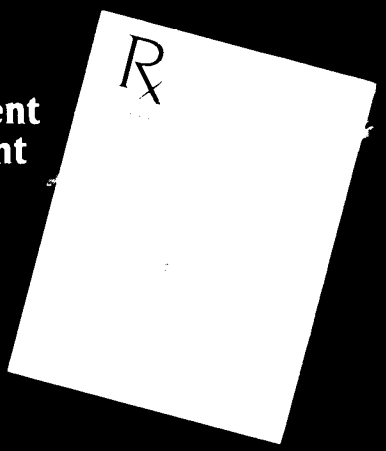

# pravastatin sodium 20 mg tablets

A new direction in lipid management

BRISTOL-MYERS SQUIBB INTRODUCES

# A NEW DIRECTION IN LIPID MANAGEMENT

# New PRAVACHOL™ pravastatin sodium 20 mg tablets




## Provides an exceptionally convenient regimen in cholesterol management —once-a-day bedtime dosing

PRAVACHOL® offers true once-a-day dosing at bedtime, with or without food.

## Usual dose: 20 mg at bedtime, with or without food

Dosage range:
10-40 mg. Available in 10 and 20 mg tablets.

## Excellent monotherapy for a wide range of patients

PRAVACHOL is suitable for patients with primary hypercholesterolemia (Types IIa and IIb) with a cholesterol-lowering diet when diet alone has not been adequate.

Please see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, and ADVERSE REACTIONS in the brief summary of prescribing information on the final page of this advertisement.

**References: 1.** Data on file, Bristol-Myers Squibb. **2.** Jones PH, et al. Once-daily pravastatin in patients with primary hypercholesterolemia: a dose-response study. *Clin Cardiol.* 1991;14:146-151.

Bristol-Myers Squibb Company

 0541-508 Issued: January 1992 Printed in USA

**PRAVACHOL® (Pravastatin Sodium Tablets)**

## CONTRAINDICATIONS

Hypersensitivity to any component of this medication.

Active liver disease or unexplained, persistent elevations in liver function tests (see WARNINGS).

*Pregnancy and lactation*. Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. **Pravastatin should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.** If the patient becomes pregnant while taking this class of drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

## WARNINGS

**Liver Enzymes:** HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Increases of serum transaminase (ALT, AST) values to more than 3 times the upper limit of normal occurring on 2 or more (not necessarily sequential) occasions have been reported in 1.3% of patients treated with pravastatin in the U.S. over an average period of 18 months. These abnormalities were not associated with cholestasis and did not appear to be related to treatment duration. In those patients in whom these abnormalities were believed to be related to pravastatin and who were discontinued from therapy, the transaminase levels usually fell slowly to pretreatment levels. These biochemical findings are usually asymptomatic although worldwide experience indicates that anorexia, weakness, and/or abdominal pain may also be present in rare patients.

As with other lipid-lowering agents, liver function tests should be performed during therapy with pravastatin. Serum aminotransferases, including ALT (SGPT), should be monitored before treatment begins, every six weeks for the first three months, every eight weeks during the remainder of the first year, and periodically thereafter (e.g., at about six-month intervals). Special attention should be given to patients who develop increased transaminase levels. Liver function tests should be repeated to confirm an elevation and subsequently monitored at more frequent intervals. If increases in AST and ALT equal or exceed three times the upper limit of normal and persist, then therapy should be discontinued. Persistence of significant aminotransferase elevations following discontinuation of therapy may warrant consideration of liver biopsy.

Active liver disease or unexplained transaminase elevations are contraindications to the use of pravastatin (see CONTRAINDICATIONS). Caution should be exercised when pravastatin is administered to patients with a history of liver disease or heavy alcohol ingestion (see CLINICAL PHARMACOLOGY: Pharmacokinetics/Metabolism). Such patients should be closely monitored, started at the lower end of the recommended dosing range, and titrated to the desired therapeutic effect.

**Skeletal Muscle: Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with pravastatin and other drugs in this class.** Uncomplicated myalgia has also been reported in pravastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to greater than 10 times the upper limit of normal was reported to be possibly due to pravastatin in only one patient in clinical trials (< 0.1%). Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. **Pravastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Pravastatin therapy should also be temporarily withheld in any patient experiencing an acute or serious condition predisposing to the development of renal failure secondary to rhabdomyolysis, e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, or electrolyte disorders; or uncontrolled epilepsy.**

The risk of myopathy during treatment with lovastatin is increased if therapy with either cyclosporine, gemfibrozil, erythromycin, or niacin is administered concurrently. There is no experience with the use of pravastatin together with cyclosporine. Myopathy has not been observed in clinical trials involving small numbers of patients who were treated with pravastatin together with niacin. One trial of limited size involving combined therapy with pravastatin and gemfibrozil showed a trend toward more frequent CPK elevations and patient withdrawals due to musculoskeletal symptoms in the group receiving combined treatment as compared with the groups receiving placebo, gemfibrozil, or pravastatin monotherapy. Myopathy was not reported in this trial (see PRECAUTIONS: Drug Interactions). One patient developed myopathy when clofibrate was added to a previously well tolerated regimen of pravastatin; the myopathy resolved when clofibrate therapy was stopped and pravastatin treatment continued. **The use of fibrates alone may occasionally be associated with myopathy. The combined use of pravastatin and fibrates should generally be avoided.**

## PRECAUTIONS

**General:** Pravastatin may elevate creatine phosphokinase and transaminase levels (see ADVERSE REACTIONS). This should be considered in the differential diagnosis of chest pain in a patient on therapy with pravastatin.

*Homozygous Familial Hypercholesterolemia*. Pravastatin has not been evaluated in patients with rare homozygous familial hypercholesterolemia. In this group of patients, it has been reported that HMG-CoA reductase inhibitors are less effective because the patients lack functional LDL receptors.

*Renal Insufficiency.* A single 20 mg oral dose of pravastatin was administered to 24 patients with varying degrees of renal impairment (as determined by creatinine clearance). No effect was observed on the pharmacokinetics of pravastatin or its 3α-hydroxy isomeric metabolite (SQ 31,906). A small increase was seen in mean AUC values and half-life (1½) for the inactive enzymatic ring hydroxylation metabolite (SQ 31,945). Given this small sample size, the dosage administered, and the degree of individual variability, patients with renal impairment who are receiving pravastatin should be closely monitored.

**Information for Patients:** Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever.

**Drug Interactions:** *Immunosuppressive Drugs, Gemfibrozil, Niacin (Nicotinic Acid), Erythromycin*: See WARNINGS: Skeletal Muscle.

*Antipyrine:* Clearance by the cytochrome P450 system was unaltered by concomitant administration of pravastatin. Since pravastatin does not appear to induce hepatic drug-metabolizing enzymes, it is not expected that any significant interaction of pravastatin with other drugs (e.g., phenytoin, quinidine) metabolized by the cytochrome P450 system will occur.

*Cholestyramine/Colestipol:* Concomitant administration resulted in an approximately 40 to 50% decrease in the mean AUC of pravastatin. However, when pravastatin was administered 1 hour before or 4 hours after cholestyramine or 1 hour before colestipol and a standard meal, there was no clinically significant decrease in bioavailability or therapeutic effect. (See DOSAGE AND ADMINISTRATION: Concomitant Therapy.)

*Warfarin:* In a study involving 10 healthy male subjects given pravastatin and warfarin concomitantly for 6 days, bioavailability parameters at steady state for pravastatin (parent compound) were not altered. Pravastatin did not alter the plasma protein-binding of warfarin. Concomitant dosing did increase the AUC and Cmax of warfarin but did not produce any changes in its anticoagulant action (i.e., no increase was seen in mean prothrombin time after 6 days of concomitant therapy). However, bleeding and extreme prolongation of prothrombin time has been reported with another drug in this class. Patients receiving warfarin-type anticoagulants should have their prothrombin times closely monitored when pravastatin is initiated or the dosage of pravastatin is changed.

*Cimetidine:* The $AUC_{0\text{-}12hr}$ for pravastatin when given with cimetidine was not significantly different from the AUC for pravastatin when given alone. A significant difference was observed between the AUC's for pravastatin when given with cimetidine compared to when administered with antacid.

*Digoxin:* In a crossover trial involving 18 healthy male subjects given pravastatin and digoxin concurrently for 9 days, the bioavailability parameters of digoxin were not affected. The AUC of pravastatin tended to increase, but the overall bioavailability of pravastatin plus its metabolites SQ 31,906 and SQ 31,945 was not altered.

*Gemfibrozil:* In a crossover study in 20 healthy male volunteers given concomitant single doses of pravastatin and gemfibrozil, there was a significant decrease in urinary excretion and protein binding of pravastatin. In addition, there was a significant increase in AUC, Cmax, and Tmax for the pravastatin metabolite SQ 31,906. Combination therapy with pravastatin and gemfibrozil is generally not recommended.

In interaction studies with *aspirin, antacids* (1 hour prior to PRAVACHOL), *cimetidine, nicotinic acid,* or *probucol*, no statistically significant differences in bioavailability were seen when PRAVACHOL (pravastatin sodium) was administered.

*Other Drugs:* During clinical trials, no noticeable drug interactions were reported when PRAVACHOL was added to: diuretics, antihypertensives, digitalis, converting-enzyme inhibitors, calcium channel blockers, beta-blockers, or nitroglycerin.

**Endocrine Function:** HMG-CoA reductase inhibitors interfere with cholesterol synthesis and lower circulating cholesterol levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production. Results of clinical trials with pravastatin in males and post-menopausal females were inconsistent with regard to possible effects of the drug on basal steroid hormone levels. In a study of 21 males, the mean testosterone response to human chorionic gonadotropin was significantly reduced ($p < 0.004$) after 16 weeks of treatment with 40 mg of pravastatin. However, the percentage of patients showing a ≥ 50% rise in plasma testosterone after human chorionic gonadotropin stimulation did not change significantly after therapy in these patients. The effects of HMG-CoA reductase inhibitors on spermatogenesis and fertility have not been studied in adequate numbers of patients. The effects, if any, of pravastatin on the pituitary-gonadal axis in pre-menopausal females are unknown. Patients treated with pravastatin who display clinical evidence of endocrine dysfunction should be evaluated appropriately. Caution should also be exercised if an HMG-CoA reductase inhibitor or other agent used to lower cholesterol levels is administered to patients also receiving other drugs (e.g., ketoconazole, spironolactone, cimetidine) that may diminish the levels or activity of steroid hormones.

**CNS Toxicity:** CNS vascular lesions, characterized by perivascular hemorrhage and edema and mononuclear cell infiltration of perivascular spaces, were seen in dogs treated with pravastatin at a dose of 25 mg/kg/day, a dose that produced a plasma drug level about 50 times higher than the mean drug level in humans taking 40 mg/day. Similar CNS vascular lesions have been observed with several other drugs in this class.

A chemically similar drug in this class produced optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion starting at 60 mg/kg/day, a dose that produced mean plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose (as measured by total enzyme inhibitory activity). This same drug also produced vestibulocochlear Wallerian-like degeneration and retinal ganglion cell chromatolysis in dogs treated for 14 weeks at 180 mg/kg/day, a dose which resulted in a mean plasma drug level similar to that seen with the 60 mg/kg dose.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a 2-year study in rats fed pravastatin at doses of 10, 30, or 100 mg/kg body weight, there was an increased incidence of hepatocellular carcinomas in males at the highest dose ($p < 0.01$). Although rats were given up to 125 times the human dose (HD) on a mg/kg body weight basis, their serum drug levels were only 6 to 10 times higher than those measured in humans given 40 mg pravastatin as measured by AUC.

The oral administration of 10, 30, or 100 mg/kg (producing plasma drug levels approximately 0.5 to 5.0 times human drug levels at 40 mg) of pravastatin to mice for 22 months resulted in a statistically significant increase in the incidence of malignant lymphomas in treated females when all treatment groups were pooled and compared to controls ($p < 0.05$). The incidence was not dose-related and male mice were not affected.

A chemically similar drug in this class was administered to mice for 72 weeks at 25, 100, and 400 mg/kg body weight, which resulted in mean serum drug levels approximately 3, 15, and 33 times higher than the mean human serum drug concentration (as total inhibitory activity) after a 40 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid- and high-dose males, with a maximum incidence of 90 percent in males. The incidence of adenomas of the liver was significantly increased in mid- and high-dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid- and high-dose males and females. Adenomas of the eye Harderian gland (a gland of the eye of rodents) were significantly higher in high-dose mice than in controls.

No evidence of mutagenicity was observed *in vitro*, with or without rat-liver metabolic activation, in the following studies: microbial mutagen tests, using mutant strains of *Salmonella typhimurium* or *Escherichia coli*; a forward mutation assay in L5178Y TK +/− mouse lymphoma cells; a chromosomal aberration test in hamster cells; and a gene conversion assay using *Saccharomyces cerevisiae*. In addition, there was no evidence of mutagenicity in either a dominant lethal test in mice or a micronucleus test in mice.

In a study in rats, with daily doses up to 500 mg/kg, pravastatin did not produce any adverse effects on fertility or general reproductive performance. However, in a study with another HMG-CoA reductase inhibitor, there was decreased fertility in male rats treated for 34 weeks at 25 mg/kg body weight, although this effect was not observed in a subsequent fertility study when this same dose was administered for 11 weeks (the entire cycle of spermatogenesis, including epididymal maturation). In rats treated with this same reductase inhibitor at 180 mg/kg/day, seminiferous tubule degeneration (necrosis and loss of spermatogenic epithelium) was observed. Although not seen with pravastatin, two similar drugs in this class caused drug-related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration, and giant cell formation in dogs. The clinical significance of these findings is unclear.

**Pregnancy: Pregnancy Category X:** See CONTRAINDICATIONS.

Safety in pregnant women has not been established. Pravastatin was not teratogenic in rats at doses up to 1000 mg/kg daily or in rabbits at doses of up to 50 mg/kg daily. These doses resulted in 20x (rabbit) or 240x (rat) the human exposure based on surface area ($mg/meter^2$). However, in studies with another HMG-CoA reductase inhibitor, skeletal malformations were observed in rats and mice. PRAVACHOL (pravastatin sodium) should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking PRAVACHOL (pravastatin sodium), it should be discontinued and the patient advised again as to the potential hazards to the fetus.

**Nursing Mothers:** A small amount of pravastatin is excreted in human breast milk. Because of the potential for serious adverse reactions in nursing infants, women taking PRAVACHOL should not nurse (see CONTRAINDICATIONS).

**Pediatric Use:** Safety and effectiveness in individuals less than 18 years old have not been established. Hence, treatment in patients less than 18 years old is not recommended at this time. (See also PRECAUTIONS: **General.**)

## ADVERSE REACTIONS

Pravastatin is generally well tolerated; adverse reactions have usually been mild and transient. In 4-month long placebo-controlled trials, 1.7% of pravastatin-treated patients and 1.2% of placebo-treated patients were discontinued from treatment because of adverse experiences attributed to study drug therapy; this difference was not statistically significant. In long-term studies, the most common reasons for discontinuation were asymptomatic serum transaminase increases and mild, non-specific gastrointestinal complaints. During clinical trials the overall incidence of adverse events in the elderly was not different from the incidence observed in younger patients.

**Adverse Clinical Events:** All adverse clinical events (regardless of attribution) reported in more than 2% of pravastatin-treated patients in the placebo-controlled trials are identified in the table below; also shown are the percentages of patients in whom these medical events were believed to be related or possibly related to the drug:

| | All Events % | | Events Attributed to Study Drug % | |
|---|---|---|---|---|
| Body System/Event | Pravastatin (N=900) | Placebo (N=411) | Pravastatin (N=900) | Placebo (N=411) |
| Cardiovascular | | | | |
| Cardiac Chest Pain | 4.0 | 3.4 | 0.1 | 0.0 |
| Dermatologic | | | | |
| Rash | 4.0* | 1.1 | 1.3 | 0.9 |
| Gastrointestinal | | | | |
| Nausea/Vomiting | 7.3 | 7.1 | 2.9 | 3.4 |
| Diarrhea | 6.2 | 5.6 | 2.0 | 1.9 |
| Abdominal Pain | 5.4 | 6.9 | 2.0 | 3.9 |
| Constipation | 4.0 | 7.1 | 2.4 | 5.1 |
| Flatulence | 3.3 | 3.6 | 2.7 | 3.4 |
| Heartburn | 2.9 | 1.9 | 2.0 | 0.7 |
| General | | | | |
| Fatigue | 3.8 | 3.4 | 1.9 | 1.0 |
| Chest Pain | 3.7 | 1.9 | 0.3 | 0.2 |
| Influenza | 2.4* | 0.7 | 0.0 | 0.0 |
| Musculoskeletal | | | | |
| Localized Pain | 10.0 | 9.0 | 1.4 | 1.5 |
| Myalgia | 2.7 | 1.0 | 0.6 | 0.0 |
| Nervous System | | | | |
| Headache | 6.2 | 3.9 | 1.7* | 0.2 |
| Dizziness | 3.3 | 3.2 | 1.0 | 0.5 |
| Renal/Genitourinary | | | | |
| Urinary Abnormality | 2.4 | 2.9 | 0.7 | 1.2 |
| Respiratory | | | | |
| Common Cold | 7.0 | 6.3 | 0.0 | 0.0 |
| Rhinitis | 4.0 | 4.1 | 0.1 | 0.0 |
| Cough | 2.6 | 1.7 | 0.1 | 0.0 |

*Statistically significantly different from placebo.

The following effects have been reported with drugs in this class:

*Skeletal:* myopathy, rhabdomyolysis.

*Neurological:* dysfunction of certain cranial nerves (including alteration of taste, impairment of extra-ocular movement, facial paresis), tremor, vertigo, memory loss, paresthesia, peripheral neuropathy, peripheral nerve palsy.

*Hypersensitivity Reactions:* An apparent hypersensitivity syndrome has been reported rarely which has included one or more of the following features: anaphylaxis, angioedema, lupus erythematous-like syndrome, polymyalgia rheumatica, vasculitis, purpura, thrombocytopenia, leukopenia, hemolytic anemia, positive ANA, ESR increase, arthritis, arthralgia, urticaria, asthenia, photosensitivity, fever, chills, flushing, malaise, dyspnea, toxic epidermal necrolysis, erythema multiforme, including Stevens-Johnson syndrome.

*Gastrointestinal:* pancreatitis, hepatitis, including chronic active hepatitis, cholestatic jaundice, fatty change in liver, and, rarely, cirrhosis, fulminant hepatic necrosis, and hepatoma; anorexia, vomiting.

*Reproductive:* gynecomastia, loss of libido, erectile dysfunction.

*Eye:* progression of cataracts (lens opacities), ophthalmoplegia.

**Laboratory Test Abnormalities:** Increases in serum transaminase (ALT, AST) values and CPK have been observed (see WARNINGS).

Transient, asymptomatic eosinophilia has been reported. Eosinophil counts usually returned to normal despite continued therapy. Anemia, thrombocytopenia, and leukopenia have been reported with other HMG-CoA reductase inhibitors.

**Concomitant Therapy:** Pravastatin has been administered concurrently with cholestyramine, colestipol, nicotinic acid, probucol and gemfibrozil. Preliminary data suggest that the addition of either probucol or gemfibrozil to therapy with lovastatin or pravastatin is not associated with greater reduction in LDL-cholesterol than that achieved with lovastatin or pravastatin alone. No adverse reactions unique to the combination or in addition to those previously reported for each drug alone have been reported. Myopathy and rhabdomyolysis (with or without acute renal failure) have been reported when another HMG-CoA reductase inhibitor was used in combination with immunosuppressive drugs, gemfibrozil, erythromycin, or lipid-lowering doses of nicotinic acid. Concomitant therapy with HMG-CoA reductase inhibitors and these agents is generally not recommended. (See WARNINGS: **Skeletal Muscle** and PRECAUTIONS: **Drug Interactions.**)

## OVERDOSAGE

There have been no reports of overdoses with pravastatin.

Should an accidental overdose occur, treat symptomatically and institute supportive measures as required.

(J4-422A)



0541-508

Issued: January 1992

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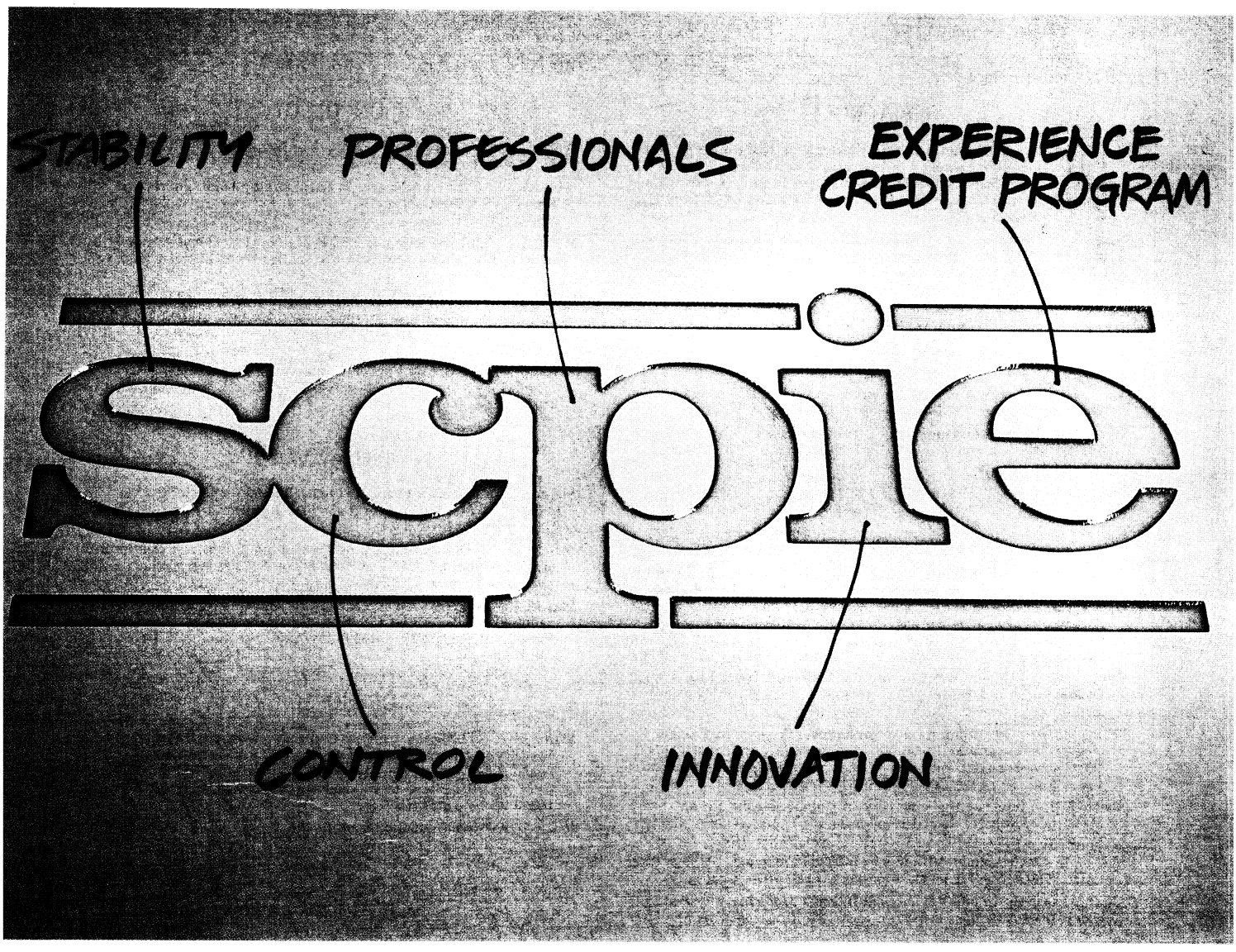


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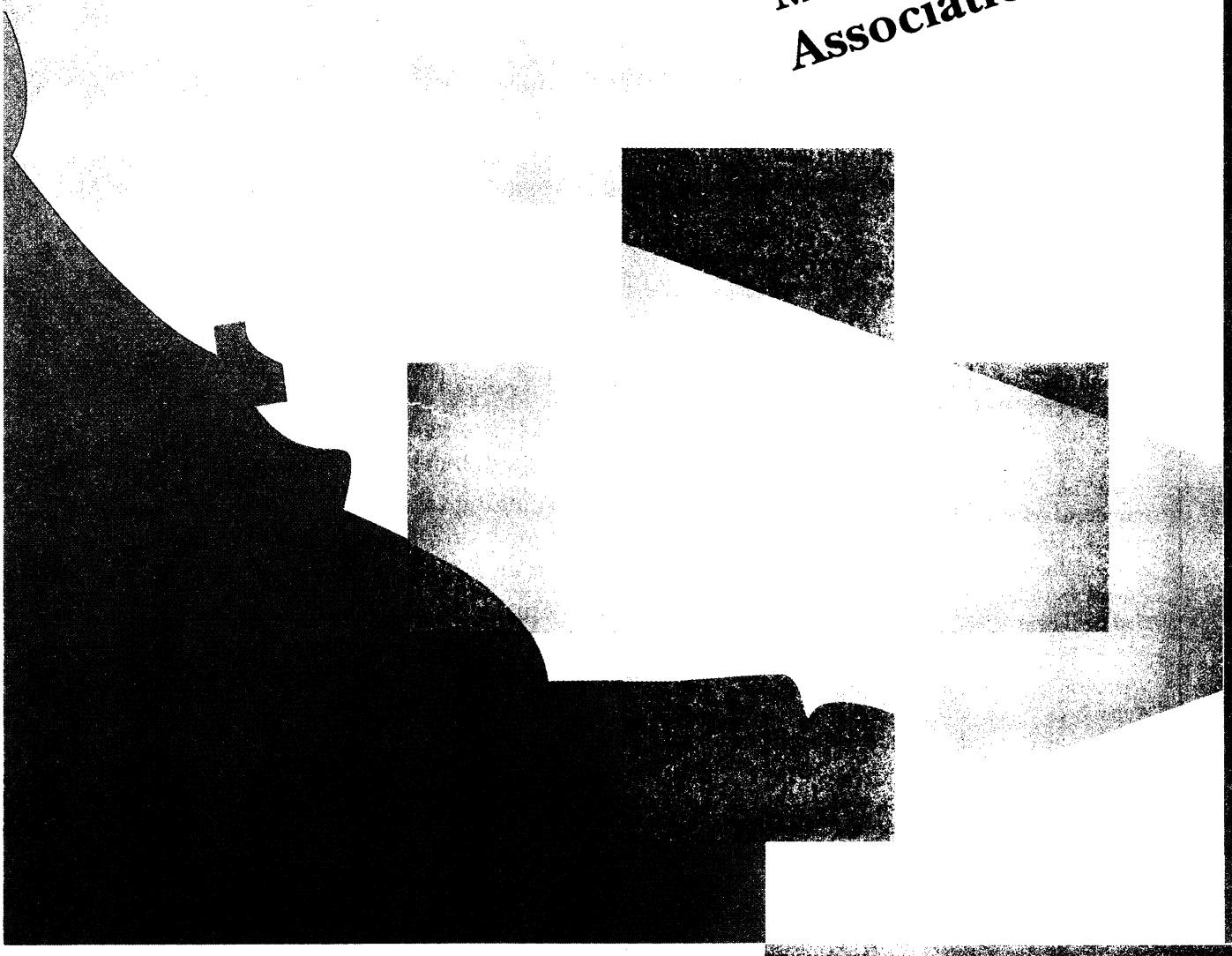
Nonmembers: Watch for the complete schedule of events and a registration form in the Annual Session Digest appearing in the December 15, 1991, and January 1 and February 1, 1992, issues of *Annals of Internal Medicine*.

A|C|P

# Annual Session and Western Scientific Assembly

March 13-18, 1992
Disneyland Hotel
Anaheim, CA

**California Medical Association**



# CMA's '92 Annual Session and

**GOLDEN APPLE AWARD AND RECEPTION**

## "Student Stages"

**Friday, March 13, 5:30 pm**
**Disneyland Hotel**

**Doctor Faith Thayer Fitzgerald** has been selected by the Committee on Scientific Assemblies to receive CMA's 1992 Golden Apple Award. This award spotlights exceptional physicians who have made a lifelong commitment to teaching and are renowned for their charismatic, scientific and educational talents.

**Doctor Fitzgerald** decided to become an internist and teacher in the spring of 1967, during her third year medicine clerkship at UC, San Fran-cisco. She joined the faculty of UC, Davis in 1980, becoming Professor of Medicine in 1986. In addition to her teaching role at UC Davis, Doctor Fitzgerald has served as Dean of Students and, more recently, as Program Director in Internal Medicine and Vice Chair of the Department of Medicine.

Beyond the outstanding contributions she has made at UC, Davis, Doctor Fitzgerald has also been a visiting professor at universities across the United States, and her excellence in the field of education has brought her numerous awards. In 1991 Doctor Fitzgerald received the most prestigious honor of being elected Master by the Board of Regents of the American College of Physicians. It is a position held by a select group of 223 physicians, among which only 11 are women.

We encourage all to attend CMA's Golden Apple Award presentation and reception at which time Doctor Fitzgerald will speak on "Student Stages."

*The financial assistance of Cooperative of American Physicians, Inc. - Mutual Protection Trust is gratefully acknowledged in making this reception possible.*

## Friday, March 13

01 Basic Cardiac Life Support

02 Newer Aspects of Chronic Viral Hepatitis

03 Special Procedures in Office Gynecology

04 Working With the Handicapped and Disabled: The Physician's Role

05 Newer Concepts in the Treatment of Pulmonary Infections

06 1992 Update on Osteoporosis

07 Update on the Pharmaceutical Management of Anxiety Associated with Medical Illness, Drug Abuse and Other Conditions

08 Surviving Malpractice Litigation

## Saturday, March 14

09 Advanced Cardiac Life Support - Provider Course

10 Cosmetic Improvement of Sun-Damaged Skin

11 Coronary Artery Disease: It's Killing Us

12 Management of Headache and Other Pains in the Neck

13 Practical Eye Care for the Primary Physician

14 Management of Common ENT Emergencies

15 Imaging In The 1990's: A Guide To The Selection Of Cost Effective Diagnostic Imaging Pathways

16 Futile Medical Treatment and the Limits of Patient Autonomy

17 Breast Cancer: Detection and Treatment

18 Update on Ischemic Cerebrovascular Disease

19 What's New in Evaluation and Treatment of Low Back Pain

20 Pediatric Infectious Diseases 1992: What's Hot, What's Not

# Western Scientific Assembly

## Sunday, March 15

21 Advanced Cardiac Life Support - Retraining Course

22 Urology for the Primary Care Physician - 1992

23 All You Want to Know About the Match: A Workshop on Residency Selection and Career Planning

24 Skin Cancer Recognition and Its Management

25 Update on Neurology for the Practicing Physician: Causes and Effects of Altered Mental Status

26 Exercise, Fitness, and Health: The Physician's Role

27 Suture Course

28 Mind If I Breathe? The Effects of Secondhand Smoke

29 Target Intervention: How To Help Your Patients Stop Smoking

30 A Critical Look at the Washington Scene

31 Avoiding Liability in the era of HIV/AIDS - What Every Physician Must Know

## Monday, March 16

32 Twenty Ways I've Changed My Practice in Emergency Medicine

33 Patients Who Try Our Patience

34 Controversies in Pharmacotherapy of Asthma

35 Too Young To Die: Clinical Opportunities to Prevent Injury

36 Planning for Retirement and a Stable Financial Future

*To receive a copy of the 40-page Advance Program Guide, which provides details on all programs above, please call (415) 882-3384.*

**DISTINGUISHED SPEAKER**

**Sunday, March 15, 1992, 1:00 pm**

### Third-Generation Managed Care:

***Will Future Organized Care Systems Be More Physician Friendly?***

**Doctor Jacque J. Sokolov** is vice president and medical director of the Southern California Edison Company (SCE) which provides one of the largest self-administered, self-funded health care plans in America, covering 55,000 people and expending over $100 million annually. He is responsible for health care benefits and plan administration; provider services; managed care services; health care systems and budgets; preventive health education and communications; as well as clinic and pharmaceutical services.

**Doctor Sokolov** received a B.A. in medicine, magna cum laude, from the University of Southern California and an MD with honors from the USC School of Medicine. He is currently a clinical professor of medicine at the USC School of Medicine and a visiting lecturer at UCLA and the Massachusetts Institute of Technology. Before joining SCE, Doctor Sokolov served as a health care consultant to a number of Fortune 100 firms.

We invite all to come listen to Doctor Sokolov's provocative discussion on the development of third- generation managed care programs.

**EXHIBITS**

During the Western Scientific Assembly, the Exhibit Hall will feature exhibits for everyone: pharmaceuticals, educational displays, computer systems, office systems, insurance, investment opportunities, medical testing systems, health and home products, and much more.

# 1992 Annual Session and Western Scientific Assembly

## CONCURRENT EVENTS

### CMA HOUSE OF DELEGATES

The CMA House of Delegates meets each day, Saturday through Wednesday. House Speaker, Doctor Jack McCleary, notes that the current schedule of the House provides delegates with time to attend scientific programs, view the exhibits and participate in delegation caucuses.

Highlights of this year's House will be the farewell address of outgoing CMA President, Howard L. Lang, MD, a Greenbrae obstetrician-gynecologist, and the inaugural address of CMA's President-Elect, Richard F. Corlin, MD, A Santa Monica Gastroenterologist.

### YOUNG PHYSICIANS SECTION ANNUAL ASSEMBLY

The CMA established the Young Physicians Section (YPS) in March 1989 to represent physicians who are CMA members under the age of 40 or in the first five years of practice. During the Assembly, representatives will elect officers for the Section and discuss issues of interest and concern to young physicians. The Assembly will also feature Assemblyman Bruce Bronzan (D-Fresno). Registration will begin at 8:30 am on Friday, March 13 at the Disneyland Hotel, and the Assembly will convene from 9:30 am to 5:30 pm. All California young physicians are invited to attend this free meeting. For additional information, please contact Anna Hanson at (916) 736-1188.

### SPECIAL EVENTS 1992

When you're done attending meetings or visiting the exhibits, take advantage of the great special events CMA has available. Registrations can be made at the Special Events Booth in the Disneyland Hotel.

- Fun Day at Disneyland
- Universal Studios/Hollywood
- Whale Watching and Sunday Brunch
- Early California Tour
- Laguna Arts and Antiques
- Newport Beach Dine-A-Round

## GENERAL INFORMATION

### LOCATION

The CMA 1992 Western Scientific Assembly will be held at the Disneyland Hotel, 1150 West Cerritos Avenue, Anaheim, CA 92802. Call (714) 778-6600 for hotel registration information.

### FEES

There is no general registration fee for CMA members, Auxiliary members, fellows, residents, interns and medical students, nor to their guests who do not attend educational programs.

Nonmember physicians are required to pay a general registration fee of $120 per day or $300 for the entire event; nurses and allied health professionals are required to pay a $50 fee.

### ADVANCE REGISTRATION CLOSES FEBRUARY 14, 1992

Attendees may register on site at the Disneyland Hotel's Center Lounge:

Thursday, March 12, 1:00 pm to 7:00 pm
Friday, March 13, 7:00 am to 5:00 pm
Saturday, March 14, 7:00 am to 5:00 pm
Sunday, March 15, 7:00 am to 5:00 pm
Monday, March 16, 7:30 am to 3:00 pm

On Tuesday, March 17, the registration desk will move to the House of Delegates Registration Area outside the Marina Ballroom from 9:00 am to 12:00 noon.

### FOR MORE INFORMATION

Contact CMA, Western Scientific Assembly (415) 882-3384

# How to cure a financial hemorrhage.

## Another reason why medical practices prefer Skaff & Kucher over other accountants.

**ROY:** In 30 years, we've handled all kinds of medical practices. I wish I could say that every one of them was as organized as they were profitable...

**MARTY:** ...But it usually takes very little time for us to get in there and make sense of things. The worst of it is that unless you know how to control things like taxes, personnel and cash flow, you can't know how your practice is doing or how to improve it.

*Roy Skaff: "Prevention is just as important to CPA's as it is to doctors – only we call it strategic planning."*

**ROY:** For instance, if we see that your expenses are running too high in any given period, we'll call you and discuss the reasons.

**MARTY:** Not many CPA's are as "hands on" as we are. In fact, we prefer to visit you at your office.

**ROY:** Once you know how your operation should be running, you're back in control and you'd be surprised how easy it is to stop cash from pouring out.

**MARTY:** All it takes is a quick call to our office to get either Roy or me over to your office. You'd be absolutely amazed at how fast we get back to you.

**ROY:** We're talking in terms of minutes, not weeks or days.

*Martin Kucher: "Your CPA is just like any other specialist: always on call, always knows just what to look for."*

**MARTY:** I doubt that there's a doctor out there whose practice wouldn't do better if he or she just had someone on their side, financially speaking. And that should be us. We're good at that.

**ROY:** Show us last year's tax return and we'll see what you can do to save more – for free.

# It's time to consult a specialist.

- ❒ Accounting
- ❒ Tax Preparation
- ❒ Tax Planning
- ❒ Financial Planning
- ❒ Estate Planning
- ❒ Medical Specialties
- ❒ Operational Review
- ❒ Business Management
- ❒ Income Tax Audits
- ❒ Special Custom Requests

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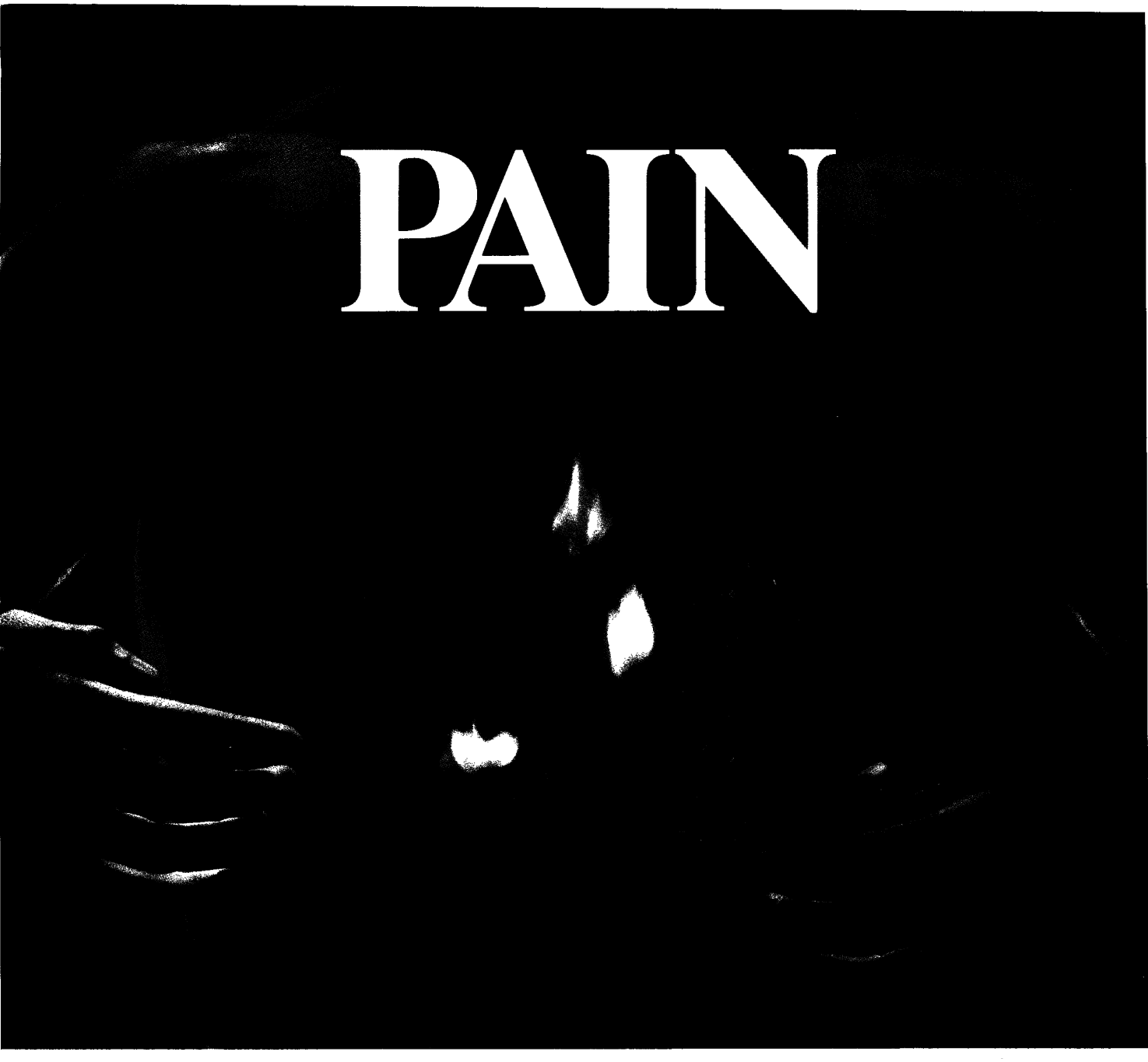


# RELIEF

## Put out the fire *fast* with Tagamet®

Over 80% of duodenal ulcer patients reported relief of nighttime pain after only one dose of *Tagamet* 800 mg Tiltab® Tablets h.s.[1] And *Tagamet* 800 mg b.i.d. provides prompt, continuing heartburn relief, even in severe, erosive esophagitis.[2]

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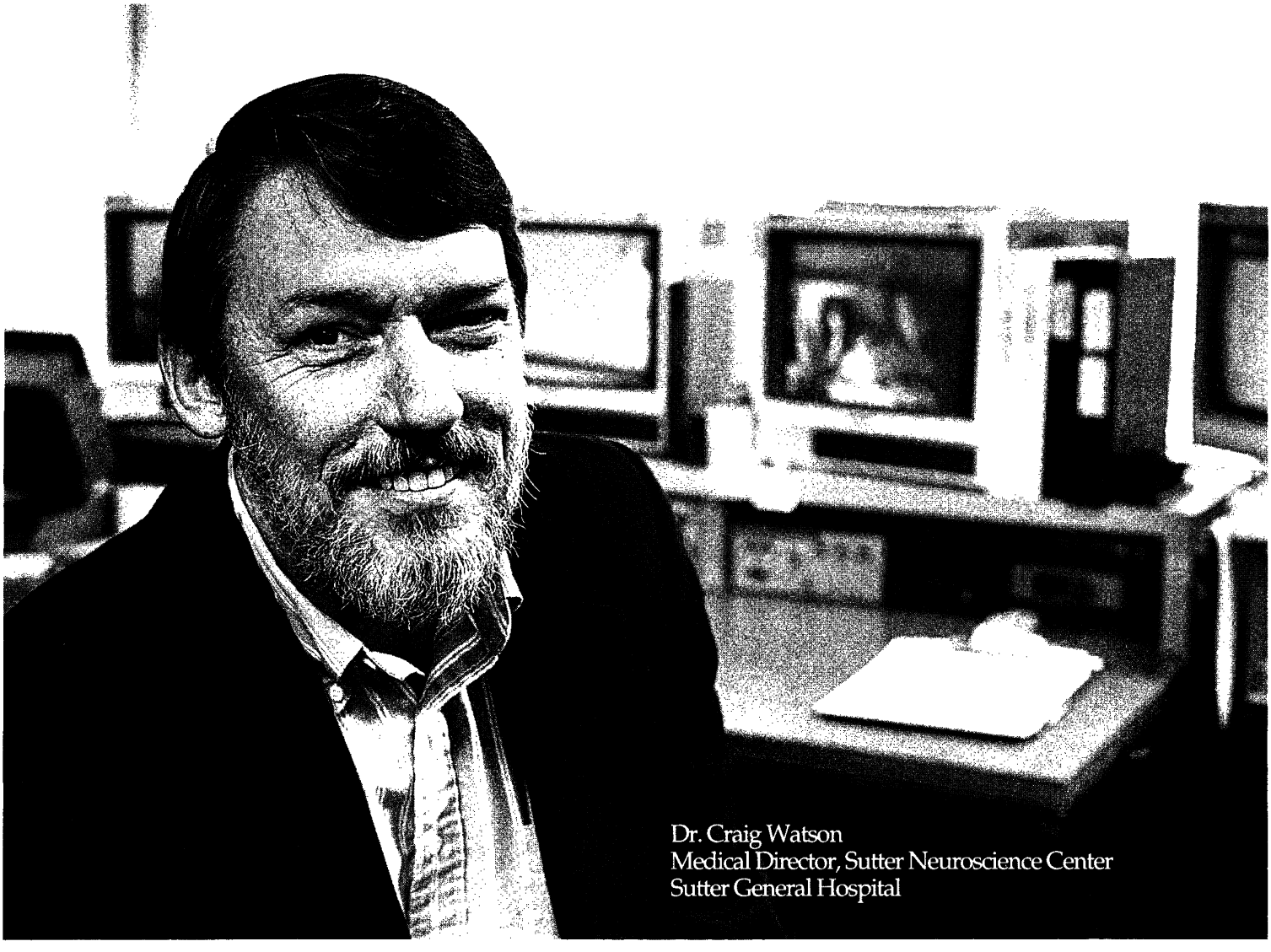

Dr. Craig Watson
Medical Director, Sutter Neuroscience Center
Sutter General Hospital

# YOU CAN'T WATCH YOUR EPILEPSY PATIENTS ROUND-THE-CLOCK. BUT WE CAN.

Even if you've made a positive diagnosis of epilepsy in patients who are suffering from seizures, the most effective treatment is sometimes elusive.

The reason? Most physicians never directly observe a seizure. The patient usually recalls little, and second-hand accounts from family and friends are sketchy.

Sutter Neuroscience Center at Sutter General Hospital offers a comprehensive in-patient program for epilepsy that permits precise diagnosis and treatment.

Patients are monitored 24-hours a day by both video cameras and an EEG. When a seizure occurs, all relevant data can be recorded and studied. Treatment decisions, including medication and/or surgery, can then be based on specific information.

The four-bed unit, which is the largest and most complete in the region, is designed for the comfort of the patients, who may need to be hospitalized for up to a week. Rooms are outfitted with a television, VCR and personal exercise equipment.

The program is designed for patients aged fifteen and older who have tried several different anti-convulsant medications, yet continue to experience seizures that interfere with their quality of life.

Most insurance plans cover the costs. Once patients complete the program, they are returned to their primary care physician with follow-up recommendations.

For more about services or patient transfers, call Sutter Neuroscience Center at Sutter General Hospital in Sacramento, (916) 455-4323.

*Sutter Neuroscience Center*

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The rate for each insertion is **$7 per line** (six words per line) **with five lines ($35) minimum.** Confidential box number charge: $10 each month.

**Classified display rates $60 per inch. Maximum sizes: 1 column by 9½ inches or 2 columns by 5 inches (2⅛ inches per column). Larger classified ad space by special arrangements.**

Copy for classified advertisements should be received not later than **25th of the second month preceding issue. All copy must be typed or printed.** • Classified advertisers using Box Numbers forbid the disclosure of their identity; your inquiries in writing will be forwarded to Box Number advertisers. Although The Western Journal of Medicine believes the classified advertisements in these columns to be from reputable sources, we do not investigate the offers made and assume no liability concerning them. The right is reserved to reject, withdraw, or modify all classified advertising copy in conformity with the decisions of the Advertising Committee.

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### PHYSICIANS WANTED

**Western States OPENINGS**

Many multispecialty groups and hospitals have asked us to recruit for over 300 positions of various specialties. Both permanent and locum tenens. Send CV to **Western States Physician Services, 5627 E. Kings Canyon, Ste 156, Fresno, CA 93727, or call 1 (800) 873-0786.**

**INTERNIST BE/BC.** Superior opportunity for Internist within a growing innovative group. Be a part of a progressive growing group providing care in the San Gabriel Valley. Competitive salary and full benefit package available to qualified candidate. Please send CV to Shirley Dykes, Arroyo Seco Medical Group, 800 S Fairmount Ave, Ste 110, Pasadena, CA 91105.

**BE/BC INTERNIST** sought with or without subspecialty interest to replace departing partner in busy seven member Internal Medicine practice ten miles south of San Francisco. Contact Diane Davis, MD; (415) 583-5352, 1001 Sneath Ln, San Bruno, CA 94066.

**CALIFORNIA MULTISPECIALTY.** Dermatologist, Radiologist, Otorhinolaryngologist, General Surgeon, Cardiologist, Internal Medicine, Pediatrician, Gastroenterologist, Orthopedist, General/Family Practitioner, Obstetrician/Gynecologist. Excellent opportunity for physicians in Los Angeles suburb to join 100 member multispecialty medical group. Large fee-for-service and prepaid practice, no Medi-Cal. Excellent compensation program based on guarantee plus incentive, profit sharing and pension plan. Group provides health, dental, life, and malpractice. Partnership in real estate and medical corporation available. Send CV to Ron McDaniel, Assistant Administrator, Mullikin Medical Center—5, 17821 S. Pioneer Blvd, Artesia, CA 90701.

**OB/GYN**—Southern California. Career opportunities for ambitious Obstetricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE Physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

**PEDIATRICIANS**—Southern California. Challenging career opportunities for Pediatricians desiring private practice. Growing, prestigious, university-affiliated south bay medical center is recruiting BC/BE physicians for expanding solo and group practices. Excellent compensation. Submit CV to J. Michaels, 2600 Cliff Dr, Newport Beach, CA 92663.

### PHYSICIANS WANTED

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Several positions available for Family Practice, Internal Medicine, and most medical subspecialties. We are a young, aggressive group in a well known prepaid group practice HMO organization with excellent benefits and a very reasonable call schedule. You will have a rewarding practice opportunity with ample time to enjoy the mountains and San Francisco which are nearby. If interested please call or send CV to Physician Recruitment, Administration, The Permanente Medical Group, Inc, 1305 Tommydon St, Stockton, CA 95210; (209) 476-3300.

**BE/BC UROLOGIST** to join busy 28 doctor multispecialty group practice. Excellent practice opportunity, full range of benefits, early partnership status. For more information contact Shane Spray, 1400 Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

**OTOLARYNGOLOGIST.** BC/BE to join 28 physician multispecialty group practice. Located in beautiful Pacific northwest between Seattle and Vancouver, BC. Contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273.

**BC/BE FAMILY PRACTITIONER,** OB-competent, for nonprofit community clinic in California redwood country. Rural but sophisticated university town. Contact Donald Verwayen, Northcountry Clinic, 785 18th St, Arcata, CA 95521; (707) 822-2481.

**INTERNIST.** Immediate opening. Large, established, rapidly growing Los Angeles medical facility. High salary. Full benefits. Malpractice insurance paid. Contact Mr Miller; (213) 384-2504.

**FAMILY PRACTICE PHYSICIAN.** Full-time in a busy walk-in medical clinic. Located in Visalia, California (Tulare County). Malpractice insurance, good salary, etc. Please call (209) 627-5555 for more information.

### PHYSICIANS WANTED

**PHYSICIANS NEEDED**

The continuing growth of our service area population (now 90,000) has created an immediate need for additional BC/BE physicians in the following specialties:

- **EMERGENCY MEDICINE**
- **FAMILY PRACTICE**
- **ORTHOPEDIC SURGERY**
- **OTOLARYNGOLOGY**
- **PEDIATRICS**
- **ONCOLOGY (some general Internal Medicine necessary initially)**

These excellent practice opportunities offer guaranteed income and a strong referral base.

113-bed full service hospital, very well equipped. Excellent ancillary services. Our service area population is now 90,000; a growing area with new businesses and a stable economy. A 30% plus growth in population and jobs is predicted for our area during 1990s.

Located in central California near Sequoia National park, Tulare offers an excellent family oriented lifestyle and all expected amenities. Beautiful homes, close to hospital and office, are affordably priced. Good schools, many community activities, and abundant recreation including golf, tennis, skiing, mountain and equestrian activities. Easy access to all California's major metropolitan and resort areas.

Contact:

**Tulare District Hospital**
**Physician Recruiting Office**
**PO Box 90112**
**Los Angeles, CA 90009**
**(800) 468-2687**

**ASSOCIATE IN PEDIATRICS.** Kern Medical Center, Bakersfield, California, a teaching hospital affiliated with UCLA and UCI Schools of Medicine, seeks an Associate in the Division of Pediatrics. Prerequisites include eligibility or certification by the American Board of Pediatrics, strong interest in teaching and qualifications for faculty appointment in UCLA Department of Pediatrics. Comprehensive salary and benefit package. A part-time private practice is permitted. Medical center is in central California, a mid-sized urban community with moderate cost of living. Send CV and inquiries to Navin Amin, MD, Chairman, Department of Family Practice/Pediatrics, Kern Medical Center, 1830 Flower St, Bakersfield, CA 93305.

**OB/GYN.** Multispecialty group in northwest Washington desires second Obstetrician. Excellent practice opportunity, full range of benefits, early partnership status, all practice costs paid. For more information contact Shane Spray, 1400 E. Kincaid, Mount Vernon, WA 98273; (206) 428-2524.

**CALIFORNIA, MONTEREY BAY.** Full-/part-time positions available with Monterey Bay's largest and most successful Urgent Care network. Generous guarantee, incentive plan, and benefit package. Malpractice covered. Practice in California's most beautiful coastal recreational area. BC/BE Emergency Medicine or Family Practice specialists preferred. Contact Bob Morris, MD, FACEP, Doctors on Duty Medical Clinics, 223 Mt Hermon Rd, Scotts Valley, CA 95066; (408) 438-9341.

**WASHINGTON.** Openings for career oriented Emergency Physicians, BC in Emergency or Primary medical specialty. Seattle metropolitan hospital with 54,000 annual visits. Excellent salary in a stable growing group. Contact Dan Hiatt in care of Linda Johnson, 8009 S. 180th, Ste 110, Kent, WA 98032; (206) 575-2595.

*(Continued on Page 216)*

# Explore a Career with The Permanente Medical Group, Inc.

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(Continued from Page 214)

## PHYSICIANS WANTED

**NORTHERN CALIFORNIA—SOUTH BAY**
BC/BE Family Physicians and Internists needed for:
- large multispecialty group
- solo/small group practice
- Urgent Care setting.

All positions offer competitive compensation packages. For additional information please send CV to **Jan Sturges, Medical Management Services, 532 Race St, San Jose, CA 95126.**

**ANESTHESIOLOGIST, BC.** Immediate half-time position in Pocatello, Idaho (50,000 population). Join four MDs and seven CRNAs. All specialties except Cardiac. Full benefit package. Excellent hunting, fishing, and skiing. Home of Idaho State University. Contact Philip J. Knox, MD; (208) 234-1363, 7727 Katsilometes, Pocatello, ID 83204.

**FAMILY PRACTICE, INTERNAL MEDICINE AND OB/GYN/PEDIATRIC** physicians currently sought by our expanding multispecialty western client. Very competitive compensation packages. Contact The Recruitment Group, 6028 Sheridan Dr, Williamsville, NY 14221; (800) 766-STAT.

**CALIFORNIA. MEDICAL ONCOLOGIST/HEMATOLOGIST** BC/BE needed urgently to join a busy practice in the San Francisco east bay area. Excellent opportunity with built-in referrals. Terms are attractive and negotiable, including early full partnership. Access to ECOG/NSABP protocols through C-COP. For correspondence, FAX CV to (415) 778-3567 or call (415) 778-0679. Position available now. Also open to July '92 graduates.

**PEDIATRICIAN—NORTHERN CALIFORNIA.** BC/BE Pediatrician needed in foothill community. Excellent opportunity for private practice. Competitive income guarantee. Send CV to Number 256, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

## PHYSICIANS WANTED

**HAWAII. INTERNIST AND PEDIATRICIAN NEEDED** for rural underserved area. Full-time position in nonprofit community health clinic. Desire dedicated person to work in multicultural setting. Contact Kathy Garner, Waianae Coast Comprehensive Health Center, 86-260 Farrington Hwy, Waianae, HI 96792; (808) 696-1458.

**FAMILY PRACTICE,** BC/BE to join group practice in growing southwestern town. Full service clinic, 280-bed hospital. Offering competitive salary, equal call schedule, partnership. Contact Myrna Hughes, Arizona Western Medical Center, 2149 W. 24th St, Yuma, AZ 85364; (602) 344-1400.

**INTERNIST/FAMILY PRACTITIONER—**Northern California. Immediate opportunity for BC/BE Internal Medicine/Family Practice. Practice associate emphasized or solo practice. Located north of San Francisco in wine country with outdoor activities. Assistance available for relocation and establishment of practice. Contact Margaret Ward, Redbud Community Hospital, Box 6720, Clearlake, CA 95422; (707) 994-6486.

**BEAUTIFUL OREGON COAST.** Private multispecialty cooperative with excellent facility seeking Family Practice physician to join five full-time Family Practitioners. Full spectrum of Family Practice. In-house lab, x-ray, day surgery. Contact Marce Knight, 1900 Woodland Dr, Coos Bay, OR 97420; (503) 267-5151, ext 294 or (800) 234-1231.

**NEW MEXICO.** Excellent opportunity for BC/BE OB/GYN, Internal Medicine, and Family Practice to join successful practices or start new in a growing community. Plan on full practice from the beginning. Enjoy sunshine, skiing, hiking, fishing, and hunting in a southwestern lifestyle. For further information on benefits and compensation contact Anne Winter, RN, Director of Professional Development, St Joseph Healthcare System, Albuquerque, NM; (505) 246-8003.

## PHYSICIANS WANTED

**TRINIDAD, CALIFORNIA**
Private Indian clinic overlooking ocean on northern California coast seeking two BC/BE Family Physicians to join two other Family Physicians. Exciting, challenging, comprehensive program, including Obstetrics. Gael Dougherty, RN, Medical Department Coordinator, UIHS, PO Box 420, Trinidad, CA 95570; (707) 677-3693.

**NORTHERN CALIFORNIA. BC/BE GENERAL INTERNIST** sought in rural community. Solo practice with shared call schedule. Send CV to Number 257, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**ORTHOPEDIC SURGEON.** University of California, San Francisco seeks a BC/BE Orthopedic Surgeon to fill a faculty/staff position at the Valley Medical Center, Fresno. The Orthopedic Department at VMC supports a busy trauma service and actively participates in teaching residents in General Surgery, Emergency Medicine, and Family Practice. This position also offers private practice opportunities in a setting within the faculty group. Competitive salary and benefits. The central California location offers affordable and enjoyable year-round recreational living. Address inquiries and CVs to Louis Conway, MD, Acting Chief of Orthopedics, 4910 E Clinton, #101, Fresno, CA 93727. EO/AA employer, women and minorities are encouraged to apply.

**GENERAL SURGEON.** Full-time BC/BE General Surgeon for multispecialty group in southeast Los Angeles. Office/hospital and consulting practice. Spanish a plus. Top salary, benefits, and malpractice insurance. Potential for shareholdership second year. Send CV to Craig Kaner, Administrator, All Care Medical Group, Inc., 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

(Continued on Page 217)

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## PHYSICIANS WANTED

**COUNTY OF SANTA BARBARA**

*Health Care Services Director*

**Coastal county seeks skilled administrator to manage department staff of 650 providing clinical and preventative medical services to an ethnically and culturally diverse population. Requires executive level administrative experience. Qualified public health administrator with Master's degree in public health/hospital administration or physician's license desired.**

**Salary open and competitive depending on the qualifications of the successful candidate. Current administrator (non M.D.) salary is $81,468 - $99,456. Excellent benefits.**
***Applications will be accepted until Friday, February 28, 1992. For application and information contact:***

COUNTY OF SANTA BARBARA PERSONNEL
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Deborah Karoff, Assistant Personnel Director

**The County of Santa Barbara is an equal opportunity employer with an affirmative action plan. Members of protected classes are encouraged to apply.**

**SOUTHERN CALIFORNIA.** Opportunity for part-time Emergency/Family Practice physicians at urgent care/industrial center in Orange. Send CV to Front Line Community Physicians, PO Box 10610, Santa Ana, CA 92711, or contact Medical Director at (714) 771-3290.

**BEAUTIFUL MONTEREY BAY.** Immediate opportunity for a friendly, skilled Family Practice physician to join our highly respected Urgent/Primary Care group with two beautiful Santa Cruz clinics. Flexible scheduling and a comprehensive benefit package. Rapid advancement to full partnership. Please send CV to Stuart Simon, MD, 6800 Soquel Dr, Aptos, CA 95003 and call (408) 662-3611.

**FAMILY PRACTICE–CALIFORNIA, WASHINGTON, NEVADA.** Private practice opportunities available with established physicians in a Seattle suburb, southern California, and Sparks, Nevada. For details, call Eloise Gusman; (800) 535-7698, or send CV to PO Box 101656, Fort Worth, TX 76185.

**ONCOLOGIST WANTED.** Oncologist wanted to join an Internal Medicine group in San Diego, California. Guarantee plus commission. Opportunity to join full partnership in two years. Number 250, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

**BC/BE FAMILY PHYSICIAN** needed for large multispecialty group in San Jose, California. Family Practice Department. Includes Internal Medicine, Pediatrics, Gynecology, minor surgery with inpatient/outpatient responsibilities. Good call coverage exists. Competitive salary and benefits offered. Call Jan Sturges at (408) 999-7110 or send CV to MMS, 532 Race St, San Jose, CA 95126-3432.

**CALIFORNIA, PACIFIC NORTHWEST, ARIZONA.** Positions in Family Practice, Internal Medicine, Orthopedics, Pediatrics and OB/GYN. Call or send confidential CV to Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

**WANTED: PHYSICIAN ADMINISTRATOR. NEW MEXICO.** The Los Lunas Hospital and Training School, a 350-bed state operated facility for persons with developmental disabilities, is currently recruiting for a Physician Administrator. Located approximately 20 miles south of Albuquerque, New Mexico, we provide professional services and patient care to mentally and physically disabled clients. The job entails responsibility for general, technical direction of all service related to patient care and professional operations. Minimum qualifications include graduation from an accredited medical school and completion of an approved internship, plus four years experience in the practice of medicine, and licensure by the New Mexico Board of Medical Examiners. Salary up to $78,404 per year plus benefits; medical malpractice provided by the facility. Direct inquiries to David LaCourt, PhD, Administrator, Los Lunas Hospital and Training School, PO Box 1269; (505) 841-5264.

**MD NEEDED.** BE/BC Family Physician to join a well established four physician group. Position offers exceptional office location, overflow patients available, a liberal financial package for employment/partnership, and other benefits to include relocation cost. Trip to Spokane for interview is paid. Call or send CV to Inland Empire Personnel Service, Mike Nation, Physician Placement Director, N 4407 Division, Ste 500, Spokane, WA 99207; (509) 484-3266.

**SOUTHERN CALIFORNIA. FAMILY PRACTICE,** BC, energetic individual for a rapidly growing three physician practice. Will need to do clinic, hospital, and long term care facilities. Excellent compensation, rapid progression to partnership. Location is 10 minutes from the ocean in a fast growing area near Oceanside. Here is a chance to practice private medicine without bureaucratic problems. Call (619) 630-2422.

(Continued on Page 218)

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## PHYSICIANS WANTED

**PHYSICIAN OPPORTUNITIES NATIONWIDE**
For all specialities for hospitals, clinics, multi-specialty groups, partnership and solos. Contact Jim Grant in complete confidence at the bay area specialists. **G & G Physician Services, 1400 Coleman, Ste B-22, Santa Clara, CA 95050; or call (800) 727-2478, FAX # (408) 727-7390.** Never a fee to the physician.

**SALT LAKE CITY—URGENT CARE/FAMILY PRACTICE.** Six year old center in upper middle class community. BC preferred, early partnership available. Great recreation area. Work Net, PO Box 26692, Salt Lake City, UT 84199.

**OCCUPATION MEDICINE.** Strong knowledge of Orthopedics. Prestigious and busy clinic with triple coverage. Beautiful facility, great staff. No call, no weekends. Work Net, PO Box 26692, Salt Lake City, UT 84199.

**SACRAMENTO URGENT CARE.** Kaiser Permanente has openings for BE/BC Primary Care physicians for 30 to 40 hour positions in our busy adult Urgent Care centers. Full benefits available. Wide range of outpatient skills required. Prior outpatient experience is desirable. Option for some inpatient work. Daytime and weekend shifts allow some flexibility in scheduling. Contact Stuart Hahn, MD; (916) 973-5546, or request application from Carolyn Whelan, Physician Recruiting, The Permanente Medical Group, Inc, 2025 Morse Ave, Sacramento, CA 95825. EOE.

**SAN FRANCISCO.** Full-time physician for busy Occupational Medicine clinic. Superb opportunity in rapidly growing clinic. Hospital affiliation, malpractice paid. Excellent support staff. Send CV to General Manager, IMS, 1580 Valencia, #202, San Francisco, CA 94110.

## PHYSICIANS WANTED

**NORTHERN CALIFORNIA**
San Jose's leading multispecialty group is growing. We are seeking BE/BC physicians in the following specialties:

- Orthopedic Surgery
- Internal Medicine/ General
- Physiatry
- Urgent Care
- Family Practice
- Otolaryngology
- Occupational Medicine

If you are committed to excellence and strongly motivated for success, we would like to hear from you. Please send your CV to Maureen Forrester, San Jose Medical Group, Inc, 45 S 17th St, San Jose, CA 95112; **or call (408) 282-7833.** An independent physician group affiliated with Stanford University Medical Center.

**EXCELLENT OPPORTUNITY FOR BC/BE INTERNIST** to join four Internists in San Jose area with future opportunity to assume practice of retiring physician(s). Exceptional income guarantee and benefit package being offered. Interested candidates call Jan Sturges at (408) 999-7110 or send CV to MMS, 532 Race St, San Jose, CA 95126-3432.

**POSITIONS AVAILABLE FOR EMERGENCY PHYSICIANS WORKING PM SHIFTS.** Hourly differential paid in addition to fee-for-service compensation. Shifts vary from seven to nine hours in length. Excellent fringe benefits. Malpractice paid. Contact Nancy C. Kendall at SPEMG, Inc, 5777 Madison Ave, #1090, Sacramento, CA 95841, or call (916) 974-3154 for more information.

**VASCULAR SURGEON**—BC/BE, recently trained (university program preferred) for mixed Vascular and General Surgery group practice in San Francisco. Send CV and availability to A. Aronow, MD, 45 Castro St, San Francisco, CA 94114.

## PHYSICIANS WANTED

**BC/BE FAMILY PRACTITIONER** for satellite clinic of prestigious multispecialty group practice. Join one other Family Practitioner and one Physician's Assistant in small town setting with urban culture 20 minutes away. Generous benefit package. Send CV to Donald Benz, MD or Karen Stanton, The Vancouver Clinic Inc, PS, 700 NE 87th Ave, Vancouver, WA 98664; (206) 254-1240.

**UROLOGISTS**—BC/BE needed for multispecialty group practice in central California and single-specialty group in Tucson, Arizona. Excellent compensation packages and partnership opportunity. All inquiries confidential. Mitchell & Associates, Inc, PO Box 1804, Scottsdale, AZ 85252; (602) 990-8080.

**SEATTLE—OB/GYN.** Join multispecialty group located 45 minutes south of Seattle. Practice provides affiliation with two premier northwest hospitals, one with level III nursery, 24 hour OB Anesthesiology, Neonatology physician support plus Neonatal ICU. One in four call provides ample time to enjoy the beautiful Pacific Northwest's cultural and recreational opportunities. Call Kathie Powers at (800) 462-1857.

**INTERNAL MEDICINE/FAMILY PRACTICE.** Several HIV specialty practice opportunities available. Send CV and availability to A. Aronow, MD, 45 Castro St, San Francisco, CA 94114.

**HEMATOLOGIST/IMMUNOLOGIST**—BC/BE, recently trained (university program preferred), to join busy Oncologist in San Francisco. Send CV and availability to A. Aronow, MD, 45 Castro St, San Francisco, CA 94114.

**INTERNAL MEDICINE/PRIMARY CARE**—BC/BE, recently trained (university program preferred) for group practice in San Francisco. Send CV and availability to A. Aronow, MD, 45 Castro St, San Francisco, CA 94114.

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PHYSICIANS WANTED

## GREAT OPPORTUNITIES IN NORTHERN CALIFORNIA

We're San Jose's leading multispecialty private group practice with nine locations, and seek BC/BE physicians with broadly based high level training to **join our Department of Urgent Care and General Medicine.**

We offer competitive salary, a comprehensive benefits package including retirement and 401K plan contributions, and early access to partnership and stockholder status.

The South Bay area provides a wide range of cultural and recreational activities, good schools, fine dining, and a congenial climate.

If you are committed to excellence and strongly motivated for success, we'd like to hear from you. Send your CV to Maureen Forrester, San Jose Medical Group,* 45 S 17th St, San Jose, CA 95112; or **call (408) 282-7833.**

*An independent physician group affiliated with Stanford University Medical Center

**CALIFORNIA.** The Lompoc Hospital District is recruiting a General Internist. Requires excellent communication and patient relation skills as well as BC/BE for certification. American training preferred. The District is facilitating a comprehensive and flexible compensation package including either a group or solo practice. The District provides a wide array of quality inpatient and outpatient services to a 50,000 resident service area through its well equipped, 60-bed acute hospital, 110-bed skilled nursing and urgent care facilities. Located between Los Angeles and San Francisco in scenic northern Santa Barbara county, Lompoc is surrounded by rolling hills and the Pacific coast shoreline. The community is family oriented and provides good schools and educational opportunities through the university level. In addition, the area supports outstanding recreational and cultural amenities. Exceptional housing opportunities exist at very affordable prices. Interested individuals should contact Scott Rhine, District Administrator, 508 E. Hickory Ave, Lompoc, CA 93436; (805) 737-3301.

**OB/GYN.** Full-time BC/BE OB/GYN for multispecialty group in southeast Los Angeles. Office/hospital practice. Spanish a plus. Top salary, benefits, and malpractice insurance. Potential for shareholdership second year. Send CV to Craig Kaner, Administrator, All Care Medical Group, Inc., 2675 E. Slauson Ave, Huntington Park, CA 90255; (213) 589-6681.

PHYSICIANS WANTED

## PRIMARY CARE
### Salem, Oregon

Excellent opportunity for BC/BE INTERNIST or FAMILY PHYSICIAN with an interest in Geriatrics to join Kaiser Permanente's 50-physician multispecialty group in Salem, a mid-sized city located in the lush Willamette Valley, close to ocean beaches and mountains. Full range of professional services provided for 38,000 plan members in area. OB available to Family Physicians if desired. Excellent salary/benefits package: family medical/dental; two pension plans; senior physician standing after 2 years; paid liability coverage; sabbatical leave, etc.

**Forward CV and inquiry to: Regional Medical Director, Northwest Permanente, 2701 N.W. Vaughn St., Suite 300, Portland, OR 97210-5398. EOE.**

KAISER PERMANENTE
Northwest Permanente P.C.
Physicians and Surgeons

**FULL-TIME EMERGENCY PHYSICIANS** to join a Level 11 trauma center. Active practice, 39,000 visits annually. Double coverage 24 hours with additional physician coverage during peak hours. Opportunities available for administrative, teaching, and prehospital direction. Located in urban community with significant cultural, recreational, and education resources available. Send CV to Director, PO Box 80412, Phoenix, AZ 85060-0412.

**MEDICAL CENTER SEEKS BC/BE INTERNIST** with strong interest in Primary Care to join our University affiliated General Medicine section. Responsibilities include direct patient care, teaching, supervising, program development, and research. Academic appointment offered to qualified applicant. Send CV to Dr F. Kwiecinski (11C), VAMC, Tucson, AZ 85723.

**MONTEREY BAY.** Dynamic and cohesive medical community seeks Family Physician, Internist, and Pediatrician for group and/or independent practice. This is not a free lunch, but, in exchange for hard work, you'll be able to take time out to bike, surf, sail, climb, or supplement your education. Quality 200-bed hospital has solid community support. Unpretentious community, great for family, friendships, and lifestyle. For more information, please contact Ken Baker, President, at (415) 399-8840, or write Physician Search Group, 550 Montgomery St, Ste 725, San Francisco, CA 94111; FAX (415) 781-7410.

**OB/GYN NORTHERN CALIFORNIA.** Join busy Primary Care group in picturesque alpine community. Excellent opportunity for GYN practice plus 100+ deliveries per year. This practice offers an exceptional professional, financial, and lifestyle opportunity. A slower pace allows for enjoyment of this mild four season area known for its wonderful outdoor recreation. A first year income guarantee, benefits, and interview and relocation expenses are offered. Call Kathie Powers at (800) 462-1857.

PHYSICIANS WANTED

# CALIFORNIA
## FAMILY PRACTICE

**Established board-certified Family Practice physician seeks BC/BE Family Practice physician to join him in private practice.**

**Physician would assist in providing full spectrum of care, including obstetrics. Competitive salary and benefit program, as well as an opportunity for a partnership in the practice. Send your CV to the attention of:**

**Dr. Robert T Petty**
**2210 Arrants St.**
**Selma, CA 93662**
**(209) 896-2624**

**We are located in Central California, where housing costs are reasonable and recreational activities are numerous.**

**OCCUPATIONAL MEDICINE PHYSICIAN (MD or DO).** Major oil company in Alaska is seeking a Medical Director for its remote facilities on the north slope. The individual would reside in the Anchorage area, with transportation to and from the north slope provided by the company. The job is shared with an alternate Medical Director and follows a seven days on, seven days off schedule. The Director supervises eight Physician Assistants and two Medical Secretaries (four and one per shift). This position reports to the Manager of Medical Services in Anchorage and is responsible for the development, coordination, and administration of all Occupational Medical programs for all field facilities on the north slope. Responsible also for overseeing all and providing some of the patient care given on the north slope, including emergency care, sick call and routine and surveillance physical exams. The remote site clinic is appropriately well equipped. Director serves as EMS sponsor and Medical Review Officer for drug screening program. Requires Alaska medical license, minimum five years experience in medicine, and BC in Family Practice, Emergency Medicine, or Internal Medicine. Occupational Medicine experience desirable. Should also possess excellent clinical, managerial, interpersonal, and administrative skills, with outstanding communication abilities. Very attractive and fully commensurate salary and benefits package, including relocation costs. Send complete CV to Number 259, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

# DON'T FORGET!

The deadline for submitting classifieds for the April issue of WJM is February 25. Send your advertisement to:

**Classified Advertising**
**WJM, PO Box 7602**
**San Francisco, CA 94120-7602**
**(415) 882-3376**

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*(Continued from Page 220)*

## PHYSICIANS WANTED

**OB/GYN. 100-BED, FULL-SERVICE HOSPITAL** located 30 miles south of San Jose seeks a BE/BC OB/GYN to establish a solo practice due to area's growth. This is an outstanding opportunity for a physician wanting to establish his/her own practice. Call coverage is available and a competitive financial package is being offered. For further information, call Jan Sturges at (408) 999-7110 or send CV to MMS, 532 Race St, San Jose, CA 95126-3432.

**CALIFORNIA MEDICAL/LEGAL DISABILITY EVALUATIONS.** Opportunities available in San Jose, San Ramon, Fremont, and Capitola, California for BC physicians in Orthopedics, Psychiatry, and Cardiology with multispecialty forensic medical evaluation group. Practice limited to evaluations. California license required. Excellent opportunity to supplement income. Send inquiry and CV to Martie Woodson, QMA, 2131 The Alameda, San Jose, CA 95126.

**PEDIATRICIAN BC/BE** for hospital-based teaching practice. Interest and training in Neonatology and Critical Care Pediatrics preferred. Join three full-time Pediatricians and two full-time Neonatologists in hospital with Community Level III NICN and busy inpatient and outpatient services. Paid malpractice. Salary negotiable based on training and experience. Submit CV and references to Leedell Reuben, MD, Director, Pediatrics/Neonatal Services, San Joaquin General Hospital, PO Box 1020, Stockton, CA 95201, (209) 468-6611. AA/EOE.

**AMBULATORY CARE,** Hayward—Modesto, California. Thriving practices, attractive facilities, competitive salary, profit-sharing, partnership with growth potential. Contact Robin Morgan, California Emergency Physicians, 2101 Webster St, #1050, Oakland, CA 94612; (510) 835-7431. Outside of California, (800) 842-2619.

## PHYSICIANS WANTED

**INTERNISTS—WASHINGTON, NEVADA, TEXAS, LOUISIANA, AND FLORIDA.** Private practice opportunities available with established physicians in a Seattle suburb; Reno and Las Vegas, Nevada; Victoria and McAllen, Texas; New Orleans and Shreveport, Louisiana; West Palm Beach, Plantation and Hollywood, Florida. Also need someone interested in working with HIV patients in Fort Lauderdale area. For details, call Eloise Gusman; (800) 535-7698, or send CV to PO Box 101656, Fort Worth, TX 76185.

**NORTHERN CALIFORNIA RECREATION AREA.** Multispecialty group has immediate opening for an Internal Medicine practitioner with a particular interest in Critical Care. Clinical activities involve full range of Internal Medicine outpatient and inpatient practice. Beautiful northern California location offers abundant recreational opportunities as well as small town living. Competitive salary and comprehensive benefit package. Please send CV to PO Box 8247, Truckee, CA 96162.

## CENTRAL CALIFORNIA

BC/BE General Internist to join well established group of six BC Internists, five with subspecialties, in community 20 miles from the ocean. Seek well trained Internist desiring to provide comprehensive quality care in well equipped office with quality lab, x-ray, and diagnostic facilities. Interest in competence in critical care is important. The office is across the street from a progressive 220 bed hospital. Salary with bonus opportunity first year with partnership in two years. Reasonable call schedule. Excellent situation for the right physician. Send CV to Number 249, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602.

## PHYSICIANS WANTED

**WEST LOS ANGELES.** Dial-a-Doctor seeks BC/BE Emergency Physicians, Family Practice physicians, and Internists to answer public's medical questions by phone at $60.00 per hour plus bonus. Have fun turning your medical knowledge into cash. Send CV or inquiries to Dial-a-Doctor, MMI, 9400 Brighton Wy, Ste 414, Beverly Hills, CA 90210.

**NORTHERN CALIFORNIA.** Physician Recruiting Services available to solo practitioners, single and multispecialty clinics and hospitals. New, excellent placement opportunities available in OB/GYN, Dermatology and Ophthalmology; positions also in Family Practice, Internal Medicine, Orthopedic Surgery, Pediatrics, Urology and others. For information call Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (510) 376-0762.

**FULL-TIME POSITION AVAILABLE.** Enjoy excellent working hours, generous benefits package, no overhead, and no billing or third party reimbursement problems. California license required, Family Practitioner preferred. Call or send résumé to Northern Valley Indian Health, Inc, 2167 Montgomery St, Oroville, CA 95965; (916) 534-8440. EOE. Native Americans encouraged to apply. Deadline: June 1, 1992.

**SEATTLE/TACOMA.** As a Family Practitioner in this 26 physician group, you have the professional benefits of a group and the personal advantages of production/incentive based income. We can't find anything wrong with this picture! Unlimited income, quality reputation, time off and a call schedule allowing time for family, friends, hiking, biking and the great outdoors. For more information, please contact Ken Baker, President, at (415) 399-8840, or write Physician Search Group, 550 Montgomery St, Ste 725, San Francisco, CA 94111.

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## PHYSICIANS WANTED

**CALIFORNIA.** The Lompoc Hospital District is recruiting a Pediatrician. Requires excellent communication and patient relation skills as well as certification or eligibility for certification by the American Board of Pediatrics. American training preferred. The District is facilitating a comprehensive and flexible compensation package including either a group or solo practice. The District provides a wide array of quality inpatient and outpatient services to a 50,000 resident service area through its well equipped, 60-bed acute hospital, 110-bed skilled nursing and urgent care facilities. Located between Los Angeles and San Francisco in scenic northern Santa Barbara county, Lompoc is surrounded by rolling hills and the Pacific coast shoreline. The community is family oriented and provides good schools and educational opportunities through the university level. In addition, the area supports outstanding recreational and cultural amenities. Exceptional housing opportunities exist at very affordable prices. Interested individuals should contact Scott Rhine, District Administrator, 508 E. Hickory Ave, Lompoc, CA 93436; (805) 737-3301.

**MD NEEDED.** Position available for a BE/BC Pediatrician in Spokane, Washington. Exceptional office location, overflow patients available, and a liberal financial package for employment/partnership. If needed, it will be arranged for you to be flown to Spokane, Washington to be interviewed for the position. Call or send CV to Inland Empire Personnel Service, Mike Nation, Physician Placement Director, N 4407 Division, Ste 500, Spokane, WA 99207; (509) 484-3266.

**YELLOWSTONE NATIONAL PARK.** Physician to cover Outpatient Clinic, Emergency Room, and inpatient at Lake Hospital from Memorial Day to mid-September 1992. Send CV to Yellowstone Park Medical Services, 707 Sheridan Ave, Cody, WY 82414, or call (307) 578-2461.

## PHYSICIANS WANTED

**NEPHROLOGIST WANTS PARTNER/ASSOCIATE** BC/BE Gastroenterologist/Cardiologist/Nephrologist/Pulmonologist. Excellent practice, equal partnership opportunity without buy-in or overhead. Send CV to Dr M. Streger, 27800 Medical Center Rd, Ste 122, Mission Viejo, CA 92691.

**PHYSICIAN OPENING.** Ambulatory care/minor emergency center. Full-/part-time for Family Practice/Internal Medicine/Emergency Medicine trained, experienced physician located in Tacoma area. Flexible scheduling, pleasant setting, quality medicine. Contact David R. Kennel, MD, 5900 100th St SW, Ste 31, Tacoma, WA 98499; (206) 584-3023 or 582-2542.

**INTERNAL MEDICINE RESIDENCY POSITIONS—**R2 level. Available July, 1992. Excellent teaching with ample ambulatory opportunities. Inquire with CV to Stanton Siu, MD, or Denise Flaherty, MD, Medical Education, Kaiser Hospital, 280 W MacArthur Blvd, Oakland, CA 94611; or call (510) 596-6126.

**WARM AND SUNNY ARIZONA.** Thomas-Davis Medical Centers, an expanding multispecialty group of 170 plus physicians, needs Internal Medicine, Family Practice, OB/GYN, Urgent Care, General Surgery, Orthopedic Surgery, Allergy, Dermatology, and Retina specialists. Top benefits, profit sharing, guarantee first two years, plus incentive pay, early shareholder. Fee-for-service plus HMO. BE/BC. Call or write Bill De Long; (800) 658-9166, TDMC, PO Box 12650, Tucson, AZ 85732.

**BOULDER COLORADO—BC/BE FAMILY PRACTICE PHYSICIAN** for busy clinic serving low income and underserved people. Position includes faculty appointment at the University of Colorado Department of Family Medicine and the opportunity to train residents. Clinic is eight miles from Boulder and 30 miles from Denver, Colorado. Send résumé to CCFHS, 1345 Plaza Ct N., Lafayette, CO 80026; or call Pete Leibig at (303) 665-9310 for more details.

## PHYSICIANS WANTED



**INTERNIST/FAMILY PRACTITIONER—SAN FRANCISCO.** This is an excellent opportunity for a BE/BC full-time or part-time practitioner to join our busy, established multispecialty practice. Large patient base, fee-for-service model, with well equipped lab, x-ray, and pharmacy. Highly competitive salary, extra for shared on-call, and excellent fringe benefit package including fully paid malpractice coverage, allowance and one week per year for CME, medical and dental insurances for physician and family, pension, short- and long-term disability, assistance with relocation expenses if needed, and parking. Close to major medical institutions. Research and teaching available at practice. Good work hours and quality lifestyle. Many cultural and recreational amenities. Fluency in Chinese highly desirable. Please send your CV to Linda Yu Bien, Assistant Director, North East Medical Services, 1520 Stockton St, San Francisco, CA 94133; or call work hours at (415) 391-9686. NEMS is an equal opportunity employer.



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## PRACTICES AVAILABLE

**MEDICAL ASSET MANAGEMENT**
Specialized transition services for the practicing physician. We provide guaranteed liquidity for our clients. Call or write to:
**Medical Asset Management**
**1000 Quail, Ste 170**
**Newport Beach, CA 92660**
**(800) 777-8831**

**SAN DIEGO COUNTY.** Family, Internal, OB/GYN, and Pediatric practices available. Long established–doctors retiring. Various prices and low down payments. Call CBI, San Diego County's professional practice sales specialists, (619) 283-7009.

**STRONG, HIGH INCOME DERMATOLOGY** practice for sale in Santa Barbara, California. Reasonable price and terms. Available 1991 or 1992. Will stay on and introduce for smooth transition. Peter R. Senn, MD; (805) 569-0186.

**NORTHERN CALIFORNIA SAN JOAQUIN VALLEY.** Urban Family Practice for sale. $650,000 gross. Will help with transition. Inquire at PO Box 40, French Camp, CA 95231.

**SAN DIEGO EAST COUNTY**—General medical adult practice. Gross $230,000 on four days per week. Seller to retire. Low overhead, net cash flow 50% of gross. Computerized within office automated lab. Excellent personnel. 99% unadjusted collection rate. Broker–Practice Consultants; (619) 528-2321.

**CENTRAL CALIFORNIA FAMILY PRACTICE** opportunity for caring physician to continue reputable established practice with no OB. Highly competent staff and educated paying patients. Little night call. Ideal area for growing family. Contact Box #255, Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120.

**LUCRATIVE GASTROINTESTINAL PRACTICE** available due to sudden sickness in beautiful bay area community. Easy terms. Call (510) 795-7109 (message).

**NORTHERN AND CENTRAL CALIFORNIA.** Established practices available in Pediatrics, Ophthalmology, Internal Medicine, Allergy/Preventive Medicine, Nephrology and Family Practice. Reasonable terms and prices. Call/write Bradshaw Associates, 21 Altamount, Orinda, CA 94563; (510) 376-0762.

**OB/GYN** practice in Monterey, California for sale. Solo practice grossing $600,000 annually. Fully equipped office. BE/BC principals only, please. For information write 177 Webster St, Ste A3766, Monterey, CA 93940; or call (408) 373-6245, or FAX (408) 373-2535.

**WEST LOS ANGELES RADIOLOGY PRACTICE.** Established 30 years. Good location. 319K (gross 1990). Will assist in transition. Inquiries to Lee, 15237 Sunset Blvd, #12, Pacific Palisades, CA 90272.

## PATENTS

**MEDICAL DEVICES** and procedures a specialty. Consult a registered patent attorney before you publish or practice your invention. Acronational Patent Law Firm, 101 California St, Ste 980, San Francisco, CA 94111; (415) 421-1546.





## CLINICS FOR SALE

**INDUSTRIAL CLINIC,** Orange County, California. Well established in Anaheim, California with fully equipped Emergency, x-ray, and lab departments. Nearby hospitals. Gross, 1.25 million annually. Call Mr Long, (714) 774-8020, or write PO Box 6406, Anaheim, CA 92816.

**INDUSTRIAL CLINIC—ORANGE COUNTY, CALIFORNIA.** Well established, fully equipped with x-ray. Near hospital. Gross $700K. Respond to (714) 589-5664 after 6:00 p.m. Pacific Standard time.

## OFFICE SPACE

**SAN FRANCISCO**—Stonestown Medical-Dental Building. Established facility with good referrals. Adjacent to Stonestown Galleria at 19th Avenue. Excellent public transportation and free parking. Call (415) 564-8848.

**UROLOGY OFFICE TO SHARE OR SUBLEASE.** Next to Medical Center of Tarzana. Well equipped, attractively decorated. Ground floor. Free parking. 1800 square feet. (818) 996-6011; in California (800) 675-1977.

**OFFICE SUITE FOR LEASE,** Menlo Park, excellent location, on-site parking, three exam rooms, lab. 720 square feet; (415) 325-7711.

## PLACEMENT SERVICES

**NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS.** Western Practitioner Resources is California's leading placement service for mid-level practitioners. We'll find the right practitioner for your clinical setting. Please contact Heidi Bourne, RN, Director; (800) 345-5859.

## POSITIONS WANTED

**PATHOLOGIST.** Certified AP, CP, FP. Recent Surgical Pathologist fellowship. California licensed. Nine years experience forensic. Desires position solo or group. Contact Arthur Copeland, MD, #3F, 35 W 96 St, NY, NY 10025.

**POSITION SOUGHT.** In Seattle area, Locum Tenen for BC Emergency Medicine, as independent contractor, desires three to four 12 hour days in a row per month. Call Inland Empire Personnel Service, Mike Nation, Physician Placement Director, N 4407 Division, Ste 500, Spokane, WA 99207; (509) 484-3266.

## EQUIPMENT FOR SALE

**VISION CHEMISTRY ANALYZER** (Abbott), three years old and barely used. Easy to operate (uses cassettes with whole blood) and accurate. Not cost effective for our very low Medicare three-person clinic. $10,000 or best offer. Judy Kirstein, MD, (801) 569-1999.

## LOCUM TENENS

**WESTERN PHYSICIANS REGISTRY**

Since 1979

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•
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Jim Ellis, Director
**(510) 601-7676 or**
**(800) 437-7676**

Southern California
Tracy Zweig, Director
**(805) 643-9346 or**
**(800) 635-3175**



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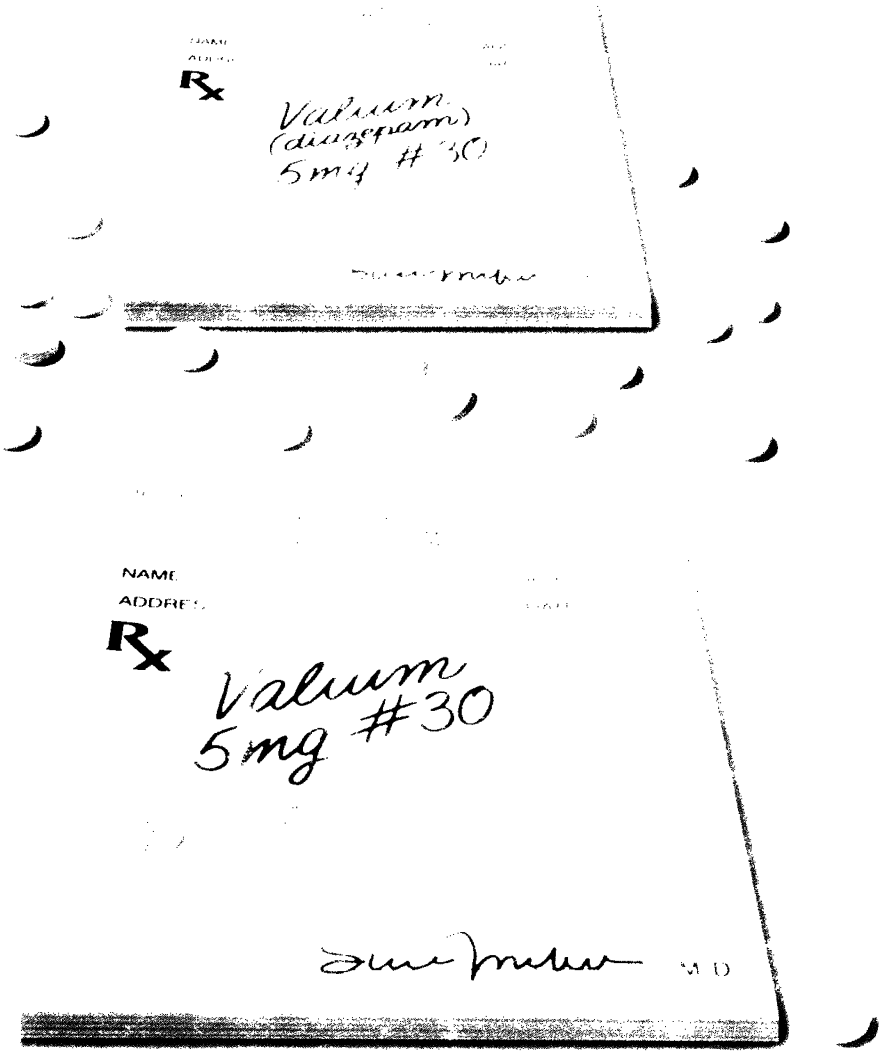
**GASTROINTESTINAL CANCER: PROGRESS AND INNOVATION.** The third annual Health Dimensions cancer symposium will be held on Saturday, March 14, 1992 in San Jose, California, and will focus on rapidly changing and important new developments in the understanding and management of gastrointestinal malignancies. The symposium will be of interest to practicing generalist and specialist physicians and to nurses and other health professionals. Nationally recognized faculty experts will present conceptual bases and practicalities for providing better patient care and improved survival. This program has been approved for six hours of Category 1 credit. For information call The Cancer Care Institute at San Jose Medical Center at (408) 977-HOPE.

# Your Rx may be open to 17 interpretations*...




# unless you settle the issue.

VALIUM
diazepam/Roche



ROCHE Roche Products

Roche Products Inc.
Manati, Puerto Rico 00701

*According to the Orange Book, 10th ed., U.S. Department of Health and Human Services, 17 diazepam tablets may be available from as many as 17 companies. Tablets shown represent 5 mg diazepam tablets.

# Settle the issue state by state...

*Brand Necessary*[1]

*N.D.P.S.*[2]

*May Not Substitute*[3]

*Medically Necessary*[4]

*No Substitution*[5]

*Do Not Substitute*[6]

*Dispense as Written*[7]

**VALIUM®** 2-mg
brand of
diazepam/Roche® 5-mg
10-mg
scored tablets

The cut out "V" design is a registered trademark of Roche Products Inc.

*The final choice should really be yours*

**Roche Products**

**1.** GA. ND. PA. VT. WV. DC **2.** NE **3.** IL **4.** FL. MT. NH **5.** CT. MA. NM. OR. WI. PR **6.** CA. HI. IA. KY. ME. NJ **7.** AL. AK. AZ. AR. CO. DE. ID. IN. KS. LA. MD. MI. MN. MS. MO. NV. NY. NC. OH. OK. RI. SC. SD. TN. TX. UT. VA. WA. WY